

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90111 049 \*\*\*150.00

**DOCUMENT # P05000003102**

1. Entity Name  
**INTERNATIONAL TRADING COMPONENTS, INC.**



Principal Place of Business  
**C/O COMPUKEEPER INC.  
1446 NW 2ND AVENUE #105  
BOCA RATON, FL 33432**

Mailing Address  
**C/O COMPUKEEPER INC.  
1446 NW 2ND AVENUE #105  
BOCA RATON, FL 33432**

2. Principal Place of Business  
**4823 N. Classical Blvd  
Suite, Apt. #, etc.**

3. Mailing Address  
**2298 NW 2nd Ave.  
Suite, Apt. #, etc.**

City & State  
**Delray Beach, FL**

City & State  
**Boca Raton, FL**



01232006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2088401**

Applied For  
Not Applicable

Zip  
**33445**

Country  
**USA**

Zip  
**33431**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DUPOUX, FRANCOISE  
C/O COMPUKEEPER INC.  
1446 NW 2ND AVENUE #105  
BOCA RATON, FL 33432**

**7. Name and Address of New Registered Agent**

Name  
**Francoise Dupoux**

Street Address (P.O. Box Number is Not Acceptable)  
**4823 N. Classical Blvd**

City  
**Delray Beach**

**FL**

Zip Code  
**33445**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **(X) F. Dupoux**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

**(X) 3/27/06**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**D** ☐ Delete  
NAME  
**DUPOUX, FRANCOISE**  
STREET ADDRESS  
**4823 N CLASSICAL BLVD.**  
CITY-ST-ZIP  
**DELRAY BEACH, FL 33445**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **(X) F. Dupoux** F. Dupoux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

Date

561-381-0715

Daytime Phone #