

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT
DOCUMENT # P05000121091

1. Entity Name
ITS ASSOCIATES INC



Principal Place of Business

3275 SOUTH JOHN YOUNG PKWY

SUITE 185

KISSIMMEE, FL 34746

Mailing Address

3275 SOUTH JOHN YOUNG PKWY

SUITE 185

KISSIMMEE, FL 34746



02092007

No Chg-P

CR2E034 (11/05)

**FILED** 

Feb 28, 2007 08:00 AM Secretary of State

4. FEI Number 22-3704270

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

•	B1	and Address	-4	Descriptions of	4

FIGUEROA, JULIO 2504 TRAPSIDE CT KISSIMMEE, FL 34746

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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 Squature, typed or printed nems of registered agent and title II applicable. (NOTE Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND DIREC	TORS	****							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIGUEROA, JULIO 2504 TRAPSIDE CT KISSIMMEE, FL 34746				•					
NAME STREET ADDRESS CITY-ST-ZIP	VP FIGUEROA, EVELYN 2504 TRAPSIDE CT KISSIMMEE, FL 34746				000000650797 03/08/07-80028-002 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE							
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP				•						
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Lighther certify that the information										

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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.

SIGNATURE:

AND THE OR PRINTED NAME OF SIGNING OFFICER OF SIRECTOR

2/8/07 Date

407 348 6643