


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90175 035 ***150.00

DOCUMENT # P05000127211	
1. Entity Name INTERNATIONAL TRAFFIC SCHOOL INC.	

Principal Place of Business 655 N. MILITARY TRAIL 3 WEST PALM BEACH, FL 33415	Mailing Address 655 N. MILITARY TRAIL 3 WEST PALM BEACH, FL 33415
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40069540



2. Principal Place of Business 655 N. Military Trail Suite, Apt. #, etc. #3	3. Mailing Address 655 N. Military Trail Suite, Apt. #, etc. #3
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04262006 Chg-P CR2E034 (11/05)

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33415	Zip 33415
Country USA	Country USA

4. FEI Number 56-2529888	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMPOS, ITA 655 N. MILITARY TRAIL 3 WEST PALM BEACH, FL 33415	
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7. Name and Address of New Registered Agent Name VICTORIA RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 655 N. MILITARY TRAIL #3 City WEST PALM BEACH FL Zip Code 33415	
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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 Victoria Rodriguez VP DATE 04-26-06	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, PATTY 2257 CHICKCHARNIES WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, VICKY 40 OCEAN AVE. PALM BEACH SHORES, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patty Evans P	Date 04-26-06	Daytime Phone # 561-6836017
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