

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141553

FILED
Feb 27, 2007
Secretary of State

Entity Name: INTERNATIONAL TOOL MANAGEMENT, INC.

Current Principal Place of Business:

POST OFFICE BOX 493
INVERNESS, FL 34451

New Principal Place of Business:

2091 S. LAKE SPIVEY PT
INVERNESS, FL 34450

Current Mailing Address:

POST OFFICE BOX 493
INVERNESS, FL 34451

New Mailing Address:

P.O. BOX 493
INVERNESS, FL 34451-493

FEI Number: 43-2090866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLANE, JEFFERSON B
215 EAST LIVINGSTON STREET
ORLANDO, FL FLORIDA US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: STRIEWE, KLAUS-PETER
Address: POST OFFICE BOX 493
City-St-Zip: INVERNESS, FL 34451

Title: VP,S () Delete
Name: STRIEWE, RUTH H
Address: POST OFFICE BOX 493
City-St-Zip: INVERNESS, FL 34451

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KLAUS P. STRIEWE

P.D

02/27/2007

Electronic Signature of Signing Officer or Director

Date