

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141553

FILED  
Apr 07, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL TOOL MANAGEMENT, INC.

**Current Principal Place of Business:**

2091 S. LAKE SPIVEY PT  
INVERNESS, FL 34450

**New Principal Place of Business:**

2091 S. LAKE SPIVEY PT  
INVERNESS, FL 34450

**Current Mailing Address:**

P.O. BOX 493  
INVERNESS, FL 34451

**New Mailing Address:**

**FEI Number:** 43-2090866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 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-PETER STRIEWE

P.D.

04/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date