


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90074 029 ***150.00

DOCUMENT # P06000149536		
1. Entity Name ITS GLOBAL GROUP, INC.		

Principal Place of Business 30 WEST 61ST STREET - #19C NEW YORK, NY 10023	Mailing Address 30 WEST 61ST STREET - #19C NEW YORK, NY 10023
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2. Principal Place of Business - No P.O. Box # 915 Middle River Dr.	3. Mailing Address 60 Broad St.
Suite, Apt. #, etc. 420	Suite, Apt. #, etc. 3502

City & State Ft. Lauderdale, FL	City & State New York, NY
Zip 33304	Zip 10004
Country Broward	Country

4010100



04132007 Chg-P CR2E034 (12/06)

4. FEI Number 83-0469222	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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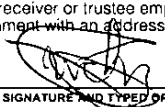
6. Name and Address of Current Registered Agent	
ROSEN, LAWRENCE N ROSEN & ROSEN 21170 N.E. 22ND COURT MIAMI, FL 33180	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: 	Date: 4/24/07
Daytime Phone #: 646-356-0460	