


**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000023349
 1. Entity Name
LTAB INTERNATIONAL, INCORPORATED



44003901

Principal Place of Business 15700 COLLEGE BLVD #101 LENEXA, KS 66219 US	Mailing Address 15700 COLLEGE BLVD #101 LENEXA, KS 66219 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0412260	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BEHRENS, GREGG
 210 MCLEAN POINTE WEST
 WINTER HAVEN, FL 33884-4135**

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

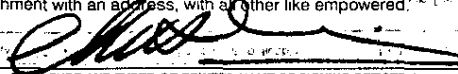
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
 Added to Fees Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: GEIDEN, MATT W.F. STREET ADDRESS: 20 AVE. LAVOISIER CITY-ST-ZIP: B-1000 WAVRE, BELGIUM	<input type="checkbox"/> Delete
TITLE: VP NAME: KOEHLER, DIRK STREET ADDRESS: PILLAUER STR. 2 CITY-ST-ZIP: NEERMOOR, GERMANY, 26802	<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: PL. DES TUILERIES 3/6 CITY-ST-ZIP: 1300 WAVRE, BELGIUM	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:  **M. GEIDEN** 1/15/04 011 32 10 243619
 Signature and typed or printed name of signing officer or director Date Daytime Phone #