


**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P93000023349 1. Entity Name LTAB INTERNATIONAL, INCORPORATED	
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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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**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0412260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BEHRENS, GREGG  
 210 MCLEAN POINTE WEST  
 WINTER HAVEN, FL 33884-4135

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEIDEN, MATT W.F. PL. DES TULERIES 3/6 1300 WAVRE, BELGIUM,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOEHLER, DIRK PILLAUER STR. 2 NEERMOOR, GERMANY, 26802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100000183363  
 01/19/05-80064-015 150.00

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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 all other like empowered.

SIGNATURE:  M. GEIDEN 4/10/05 10243619  
Signature and typed or printed name of signing officer or director Date Daytime Phone #