2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051656

FILED Apr 29, 2005 Secretary of State

Entity Name: INTEGRATED TECHNOLOGIES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

3800 FOWLER BLDG 1 UNIT 1

FORT MYERS, FL 33901 US

New Mailing Address: Current Mailing Address:

720 SOUTH POWERLINE ROAD 1754 SANDY CIRCLE CAPE CORAL, GL 33904 US

SUITE E

DEERFIELD BEACH, FL 33442 US

FEI Number: 65-0509512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUCA, CHRISTOPHER J E.H.G. REGISTERED AGENTS 1754 SANDY CIRCLE 5100 TOWN CENTER CIRCLE CAPE CORAL, FL 33904 US SUITE 430

BOCA RATON, FL 33486 US

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: EDWARD H. GILBERT, PRESIDENT 04/29/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: (X) Change () Addition DUCA, CHRIS J Name:

Name: DUCA, CHRIS J 3800 FOWLER, UNIT 1 1754 SANDY CIR. Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: FT. MYERS, FL 33901

Title: STD Title: **VPSD** (X) Change () Addition () Delete

DUCA, L SUSIE Name: Name: MARTINSON, TIMOTHY

1754 SANDY CIR. 720 SOUTH POWERLINE ROAD, SUITE E Address: Address: CAPE CORAL, FL 33904 DEERFIELD BEACH, FL 33442 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY MARTINSON **VPSD** 04/29/2005