

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021681

FILED
Apr 21, 2006
Secretary of State

Entity Name: IMS CATASTROPHE TRAINING CENTER, INC.

Current Principal Place of Business:

1101 6TH AVENUE WEST
SUITE 120
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

1101 6TH AVENUE WEST
SUITE 120
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 65-0738799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, CHARLES F. I ESQ.
BLALOCK, LANDERS, ET AL
802 11TH STREET, W
BRADENTON, FL 34205 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: VPD () Delete
Name: IERULLI, STEPHEN M
Address: 1101 6TH AVENUE WEST #120
City-St-Zip: BRADENTON, FL 34205

Title: ST () Delete
Name: ROSIER, ELAINE J.
Address: 1101 6TH AVE W, SUITE 114
City-St-Zip: BRADENTON, FL 34205

Title: P () Delete
Name: BARBOUR, CHRISTINA C.
Address: 1101 6TH AVE W, SUITE 114
City-St-Zip: BRADENTON, FL 34205

Title: VPD () Delete
Name: IERULLI, NICHOLAS F
Address: 1101 6TH AVE W, SUITE 114
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ELAINE J ROSIER

ST

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date