2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000070263

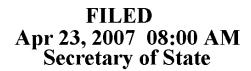
INNOVATIVE TECHNOLOGIES CORPORATION OF AMERICA, INC.



Principal Place of Business

14206 5TH STREET DADE CITY, FL 33523 Mailing Address

PO BOX 1167 DADE CITY, FL 33526





DO NOT WRITE IN THIS SPACE

01152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0726303 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, TERESA S 37541 CHURCH AVE.
DADE CITY, FL 33525-4134

DO NOT WRITE

	1,12 33323-7137			in i	HIS SPACE
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or	registered agent, or both	n, in the State of Florida. Fam familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Registered A	gent signatu	re required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE Name Street address City-St-Zip	P SMITH, STEVEN C 37541 CHURCH AVE. DADE CITY, FL 335254134				U00000726528
TITLE Name Street address City-St-Zip	ST SMITH, TERESA S 37541 CHURCH AVE. DADE CITY, FL 335254134	:		٠	05/04/07-80011-008 150.00
TITLE Name Street address City-St-Zip				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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 tilustee 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 a address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR