

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078204

FILED
Jan 03, 2006
Secretary of State

Entity Name: INTERNATIONAL DISASTER TRAINING, INC.

Current Principal Place of Business:

1345 SAWGRASS CT
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1345 SAWGRASS CT
WINTER PARK, FL 32792

New Mailing Address:

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

Name and Address of Current Registered Agent:

HARRIS, JOHN M
509 PALM AVE
TITUSVILLE, FL 32796 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: D () Delete
Name: LEGG, CYNTHIA A
Address: 365 BERKELEY ST
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: KINCAID, J P
Address: 1345 SAWGRASS CT
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: KINCAID, CALLIOPI D
Address: 1345 SAWGRASS CT
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: DEMARS, JULIE
Address: 3834 CREST RD.
City-St-Zip: PHILADELPHIA, PA 18026

Title: D () Delete
Name: KELLY, DAVID
Address: 6033 N SHERIDAN RD, APT #28-D
City-St-Zip: CHICAGO, FL 60660

Title: D () Delete
Name: MONTES-DE-OCA, FRANK
Address: 2639 LEGACY VILLAS DRIVE
City-St-Zip: MAITLAND, FL 32751

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
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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: J.P. KINCAID

D

01/03/2006

Electronic Signature of Signing Officer or Director

Date