

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000030384		
1. Entity Name ITS (USA) CORP.		
Principal Place of Business 11211 PROSPERITY FARMS ROAD C-111 PALM BEACH GARDENS, FL 33410		Mailing Address 11211 PROSPERITY FARMS ROAD C-111 PALM BEACH GARDENS, FL 33410
DO NOT WRITE IN THIS SPACE		
		 04212008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0829171 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$9.75 Additional Fee Required
6. Name and Address of Current Registered Agent AHEARN, CHARLES 4000 WILLIAMS ISLAND BLVD. APT. 2103 AVENTURA, FL 33160		DO NOT WRITE IN THIS SPACE
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, subject to approval of registered agent and fee is applicable) (If the filer is the registered agent, a separate signed statement is required)		
FILE NOW!!! FEE IS \$180.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000542874 05/10/06-80117-002 150.00
TITLE	PTO	
NAME	AHERN, CHARLES	
STREET ADDRESS	11211 PROSPERITY FARMS ROAD, C-111	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 334107	
TITLE	VSD	
NAME	BALNAUGH, NEIL	
STREET ADDRESS	11211 PROSPERITY FARMS ROAD, C-111	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like approval.		
SIGNATURE: <i>Charles Ahern</i> 4-26-2006 305- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

*999-
9091.*