


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90105 025 ***158.75

DOCUMENT # P99000083615	
1. Entity Name ITS INDUSTRIES CORP.	

Principal Place of Business 12668 KENWOOD LN. B FORT MYERS, FL 33907	Mailing Address 12668 KENWOOD LN. B FORT MYERS, FL 33907
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50013602

2. Principal Place of Business 12550 EQUESTRIAN CIRCLE	3. Mailing Address 12550 EQUESTRIAN CIRCLE
Suite, Apt. #, etc. APT - 604	Suite, Apt. #, etc. APT - 604
City & State FORT MYERS, FLORIDA	City & State FORT MYERS, FLORIDA
Zip 33904	Country USA



04012006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0949200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIVERA, JACQUELINE 12668 KENWOOD LN. B FORT MYERS, FL 33907	7. Name and Address of New Registered Agent Name RIVERA, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 12550 EQUESTRIAN CIRCLE APT #604 City FORT MYERS FL Zip Code 33904
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RIVERA, JACQUELINE 12668 KENWOOD LN. APT. #B FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RIVERA, JACQUELINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12550 EQUESTRIAN CIRCLE, APT #604 FORT MYERS, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLOS, GRANADOS 12668 KENWOOD LN. APT. #B FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLOS GRANADOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12550 EQUESTRIAN CIRCLE, APT #604 FORT MYERS, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee 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 an address, with all other like empowered.

SIGNATURE:  **JACQUELINE RIVERA** **04.17.06** **(239) 334-3996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #