
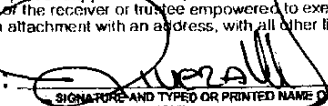


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90079 009 \*\*\*158.75

<b>DOCUMENT # P99000083615</b> 1. Entity Name <b>ITS INDUSTRIES CORP.</b>					
Principal Place of Business <b>12550 EQUESTRIAN CIR APT 604 FORT MYERS, FL 33907</b>			Mailing Address <b>12550 EQUESTRIAN CIR APT 604 FORT MYERS, FL 33907</b>		
2. Principal Place of Business - No P.O. Box # <b>2502 VERDMONT CT</b>			3. Mailing Address <b>2502 VERDMONT CT</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>CAPE CORAL, FLORIDA</b>			City & State <b>CAPE CORAL, FLORIDA</b>		
Zip <b>33991</b>			Zip <b>33991</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>65-0949200</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>RIVERA, JACQUELINE 12550 EQUESTRIAN CIR APT 604 FORT MYERS, FL 33907</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD RIVERA, JACQUELINE 12550 EQUESTRIAN CIR APT 604 FORT MYERS, FL 33907</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD RIVERA, JACQUELINE 2502 VERDMONT CT CAPE CORAL, FL 33991</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CARLOS, GRANADOS 12550 EQUESTRIAN CIR APT 604 FORT MYERS, FL 33907</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GRANADOS, CARLOS 2502 VERDMONT CT. CAPE CORAL, FL 33991</b>	<input checked="" 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.					
<b>SIGNATURE:</b> 			<b>03.26.07 (239) 282-0630</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		