FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-03							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  KIDRON NADAV  2. Date of Event Requiring Statement (Month/Day/Year) 02/03/2006				nent	3. Issuer Name and Ticker or Trading Symbol Integrated Security Technologies, Inc. [ ISTG ]								
(Last) 2 ELZA STRI (Street) JERUSALEM	1 L3	(Middle) 93706				ationship of Reporting call applicable) Director Officer (give title below)	Person X	n(s) to Issue 10% Owne Other (spe below)	er	(Mon	hth/Day/Year) dividual or Joint cable Line) Form filed by	Ate of Original Filed  /Group Filing (Check  y One Reporting Person  y More than One erson	
(City)	(State)	(Zip)								<u> </u>			
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		t (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Shares						10,371,735		D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Securitie Underlying Derivative Security			y (Instr. 4) Conve		rcise For	Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	9		Amount or Number of Shares	Price o Derivat Securit	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Nadav Kidron

03/06/2006

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).