2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DOCUMENT # K77378 **Secretary of State** 1. Entity Name INTERNATIONAL FEATURES, INC. Principal Place of Business Mailing Address PO BOX 1349 LAKE WORTH FL 33460 220 SOUTH DIXIE HWY #3 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. II, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0125796 Not Applicate Ziρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATES, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) 411 SOUTH M STREET # 2 LAKE WORTH FL 33460 City Zip Code 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Dotete HILE Change Addition NAME BATES, WILLIAM C. NAME STREET ACCRESS 411 SOUTH M STREET #2 STREET ADDRESS CHY-\$1-212 CHY-ST-ZIP LAKE WORTH FL 33460 Delete ☐ VC TITLE ☐ Change Mit MAMC LUTZ, BYRON NAME U00000465053 03/22/06-80020-012 150.00 STREET ADDRESS 1754 2ND AVE NORTH #209 STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33460 C)TY-ST-ZIP TITLE ☐ Detete MILE ☐ Change □ /// · MARK NAME STREET ANDRESS STREE! ADDRESS CITY-ST-ZIP CREY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change □ Add NAME 3MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Oelete THILE ☐ Add DELE ₹☐ Chance NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM C. BATES

FILED

561-547-0141