


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L24538	
1. Entity Name INTERAMERICAN INTERNAL SECURITY GROUP, INC.	

Principal Place of Business 14242 COUNTRY ESTATES DR WINTER GARDEN FL 34787-5409 US	Mailing Address 14242 COUNTRY ESTATES DR WINTER GARDEN FL 34787-5409 US
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1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0150866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent URRUELA, MARIO L AUS(R) 14242 COUNTRY ESTATES DR WINTER GARDEN FL 34787-5409	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 accept the obligations of registered agent.

SIGNATURE *Mario L Urruela* DATE 8 April 2008

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when "reinstating")

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	TC	
NAME	URRUELA, MARIO L AUS(R)	
STREET ADDRESS	14242 COUNTRY ESTATES DR	
CITY-ST-ZIP	WINTER GARDEN FL 34787-5409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000888341
 04/22/08-80010-003 150.00

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 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: *Mario L Urruela* DATE: 8 April 2008 407-877-3996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #