2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L57359

Entity Name: INTERNATIONAL SHIPPING PARTNERS, INC.

Current Principal Place of Business:

4770 BISCAYNE BLVD
PENTHOUSE A
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

4770 BISCAYNE BLVD
PENTHOUSE A
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-0187654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLIKEN, WILLIAM B
5915 PONCE DE LEON BOULEVARD
SUITE 63
MIAMI, FL 331461523 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	JORGENSEN, LEIF JUUL	
Address:	LANGE-MULLERS ALLE 28	
City-St-Zip:	RUNGSTED KYST, DENMARK, 2960	
Title:	DP	( ) Delete
Name:	LUND, NIELS-ERIK	
Address:	4770 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33137 US	
Title:	DV	( ) Delete
Name:	ENGSTROM, KENNETH T	
Address:	4770 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33137 US	
Title:	DC	( ) Delete
Name:	MILLIKEN, WILLIAM B	
Address:	5915 PONCE DE LEON BLVD	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	MOE, LASSE	
Address:	6857 SUNRISE TERRACE	
City-St-Zip:	CORAL GABLES, FL 33133	
Title:	S	( ) Delete
Name:	CHARMAINE, MORRIS S	
Address:	4770 BISCAYNE BOULEVARD	
City-St-Zip:	MIAMI, FL 33137	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARMAINE MORRIS S 04/29/2009

Electronic Signature of Signing Officer or Director — Date