

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2007
Secretary of State**

DOCUMENT# N04000008158

Entity Name: INTERNATIONAL HEALTH INITIATIVES, INC.

Current Principal Place of Business:

6511 NOVA DRIVE
#105
DAVIE, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

6511 NOVA DRIVE
#105
DAVIE, FL 33317 US

New Mailing Address:

FEI Number: 20-1511058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERTIFIED TAX EXPERTS, INC.
6834 STIRLING ROAD
DAVIE, FL 33024 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLAVO, CYRIL
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: KIRSH, WILLIAM
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

Title: D () Change (X) Addition
Name: JOHNSON, KENNETH
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

Title: D () Change (X) Addition
Name: SIDBERRY, GRACE
Address: 6511 NOVA DRIVE # 105
City-St-Zip: DAVIE, FL 33317 US

Title: D () Change (X) Addition
Name: QUERAL, CARMEN
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYRIL BLAVO

P

01/04/2007

Electronic Signature of Signing Officer or Director

Date