2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N9900000 ernational, inc.	2705			04-26-20	004 90480 010 **	***61.25
Principal Place of Business 3507 CARRIAGE GATE DR MELBOURNE, FL 32904		Mailing Address P.O. BOX 120099 BREVARD, FL 329	-			940660 	
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232004	Chg-NP	CR2E037 (10/03	3)
City & Stat	te	City & State		4. FEI Num 59-35		 	Applied For Not Applicable
Žip , -	Country	Zip	Country	5. Certificat	e of Status Desired	¢9.75	Additional
	6. Name and Address of Currer	nt Registered Agent			d Address of New	Registered Agent	
	TANNY PRIAGE GATE DRIVE RNE, FL 32907 4		- Name - Stree	t Address (P.O. Box Num	ber is Not Accepta	ble)	
	·		City	··· · · · · · · · · · · · · · · · · ·		FL Zip C	ode 2904
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office	or registered agent, or b	oth, in the State of	Florida. I am familiar wi	th, and accept
•	Tannela-		1	D 41		uhal	
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable.	NOTE: Registered Agent sig	nature required when reinstating)	יריוני.	DATE	1 / 1 / 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 /
SIGNATURE	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2004	9. Election	NOTE: Registered Agent sig Campaign Financine and Contribution.	• • • • • • • • • • • • • • • • • • •		DATE Make check payable orida Department of	
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10 TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND I PD REINHOLD, E. JOHN 4047 SNOWY EGRET DRIVE	9. Election Trust Ful	Campaign Financing of Contribution. 11. THLE NAME STREET ADDRES	\$5.00 May Added to Fee	s FI	orida Department of CERS AND DIRECTORS	State IN 10 ge
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section .119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental seport 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 impowered to execute this report as required by Chapter 617, 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 <

E. IDAN Reinhold 4/23/04 321-308-7770

te Daytime Phone