

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

|                                                           |                                                                                   |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000133500</b>                            |  |
| 1. Entity Name<br>INTERNATIONAL INFORMATION STATION, INC. |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>2989 SPRING STREET<br>MARIANNA, FL 32446 US | Mailing Address<br>2989 SPRING STREET<br>MARIANNA, FL 32446 US |
|----------------------------------------------------------------------------|----------------------------------------------------------------|



04262008 No Chg-P CR2E034 (11/05)

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|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>51-3460768                               | Applied For<br><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<br><br>WYNN, CHARLES M<br>4438 CLINTON STREET<br>MARIANNA, FL 32446 |
|---------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required unless exempted.)

|                                                                       |                                                                                                                |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                        |                                                               |
|---------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P<br>WYNN, PHILIP<br>2989 SPRING STREET<br>MARIANNA, FL 32446 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                               |

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05/22/08-80004-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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, unchanged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR