2005 FOR PROFIT CORPORATION

FILED Jul 06, 2005 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P96000059682** LION INTERNATIONAL COMPANY, INC. Principal Place of Business Mailing Address 413 NIGHT HAWK LANE 413 NIGHT HAWK LANE ST AUGUSTINE, FL 32080 ST AUGUSTINE, FL 32080 US 07012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3388941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DIFATO, JOSEPH C 413 NIGHT HAWK LANE ST. AUGUSTINE, FL 32084 IN THIS SPACE 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 (NOTE, Registered Agent signature required when reinstating) of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE DPST DIFATO, JOSEPH C NAME 413 NIGHT HAWK LANE STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL TITLE U00000370993 NAME 07/06/05-80004-021 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

05

Daytime Phone #

Date