
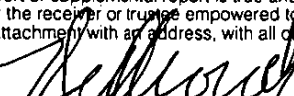


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90275 027 ***150.00

DOCUMENT # 621357 1. Entity Name INTERNATIONAL FISHING DEVICES, INC.					
Principal Place of Business 609 N. HEPBURN AVE. SUITE 105 JUPITER, FL 33458			Mailing Address 609 N. HEPBURN AVE. SUITE 105 JUPITER, FL 33458		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2011006	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROWELL, BETH C. 609 N. HEPBURN AVE. SUITE 105 JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LABONTE, ANDRE <input type="checkbox"/> Delete 831 LINDA LANE PANAMA CITY BEACH, FL 32407		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LABONTE, Andre <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 609 N Hepburn Av, Suite 105 Jupiter, FL 33458	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LA BONTE, ROBIN <input type="checkbox"/> Delete 831 LINDA LANE PANAMA CITY BEACH, FL 32407		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LABONTE, Robin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 609 N Hepburn Av, Suite 105 Jupiter, FL 33458	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GM REINSTATLER, ALICE W <input type="checkbox"/> Delete 831 LINDA LANE PANAMA CITY BEACH, FL 32407		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Reinstatler, Alice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2926 A Harrison Av Panama City, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			Beth Crowell		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/23/07 Daytime Phone # 561-747-0272		