## 2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM CUMENT # 849946 **Secretary of State** RNATIONAL LIAISON, INC. ۶ al Place of Business... - Mailing Address 3413 CHANTARENE DRIVE PENSACOLA FL 32507 CHANTARENE DRIVE ACOLA FL 32507 2 icipal Place of Business . 3. Mailing Address Suite, Apt. #, etc. te, Apt. it, etc 1st MOORE CR2E034 (10/05) Applied For y & State City & State 4. FEI Number 75-1509149 Not Applicat Country Country Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPBELL, FRANK W. Street Address (P.O. Box Number is Not Acceptable) 3413 CHANTARENE DR. PENSACOLA FL 32507 Zip Code shove 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 access 8 congations of registered agent. ٤ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May £ tter May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Preck Payable to Florida Department of State 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ٢ ☐ Change ☐ Addition Delete MLE Ţ CAMPBELL, FRANK W JR NAME N U00000397589 S 3413 CHANTERENE DR STREET ADDRESS 01/30/06-80054-018 150.00 CITY-ST-ZIP C PENSACOLA FL 🗀 Delete Change ☐ A ..... Ţ TITLE N NAME STREET ADDRESS S CITY -ST - ZIP C The re Ţţ Delete muc Change NAME N STREET ADDRESS S CITY-ST-ZIP C Delete TITLE ☐ Change ☐ AUCC T N NAME \$ STREET ADDRESS CITY-ST-7IP Ç Change Addition? 77 ☐ Delete 3 (1( H NAME STREET ADDRESS \$ ζ CITY ST-ZIP ☐ Change ☐ Addica 11 Delete TITLE N. MAME 5 STREET ADDRESS C CITY-ST-ZIP

refeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information vicated 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 directrong 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 1 are not on an attachment with an address, with all other like empowered.

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