2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 857492

1. Entity Name
INVERSPAN N.V.

Principal Place of Business	Mailing Address
4510 W.IRLO BRONSON MEM.HWY. P. O. BOX 422385 KISSIMMEE, FL 34742-9385	4510 W.IRLO BRONSON MEM.HWY. P. O. BOX 422385 KISSIMMEE, FL 34742-9385

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04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2222975

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIUSOLO, ERIC
4510 W. IRLO BRONSON HWY
KISSIMMEE, FL 34746

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000544141
05/11/06-80023-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIM, KENNETH
STREET ADDRESS	7662 BEACH BLVD
CITY-ST-ZIP	BUENA PARK, CA 90620
TITLE	D
NAME	TRUST, NOUEL N.V.
STREET ADDRESS	4510 W. IRLO BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	ST
NAME	CHIUSOLO, ERIC
STREET ADDRESS	7662 BEACH BLVD
CITY-ST-ZIP	BUENA PARK, CA 90620
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ 4/24/06 714-562-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #