


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

07 AUG 31 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F02000000898</b> 1. Entity Name <b>INTERNATIONAL HEALTH INSURANCE DANMARK FORSIKRINGSSLELSKAB</b>					
Principal Place of Business <b>8, PALAEGADE, DK-1261 COPENHAGEN DENMARK,</b>			Mailing Address <b>7001 SW 97TH AVENUE MIAMI, FL 33173</b>		
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 <b>NOT APPLICABLE</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO STUBBINGTON, JOHN PAUL NICOLAI EIGTVEDSGADE 34, 2TH COPENHAGEN, DK, 1402</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300109208483 09/07/07--01035--004 **8.75</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOLDEN, DEAN A LITTLE JUDGE, LONDON RD 32 TANBRIDGE, UK ru103da</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300109208483 09/07/07--01035--005 **550.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCFO MOLLER, ALLAN BIRKEBAKKEN 25 HOLLE, DN 2840</b> <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	<b>VP BIDDLESTONE, KEITH 28 BRITANNIA CT BRIGHTON, UK bn5255e</b> <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	<b>D DAVIS, JULIAN P TIMBERLIA, NORMINSTER RD WILLSHIRE, UK sp20qw</b> <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	<b>D LINARES LIEBANA, MARIA PASCO DE ALARCON MADRID, SPAIN, 28233</b> <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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>8/30/07</b> Daytime Phone # _____		