2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# F06000005364

Entity Name: INTERCONTINENTAL FOREST PRODUCTS, INC.

Current Principal Place of Business:

19 SUNSHINE RD.
QUAKER HILL, CT 06375

New Principal Place of Business:

Current Mailing Address:

19 SUNSHINE RD.
QUAKER HILL, CT 06375

New Mailing Address:

PO BOX 8
QUAKER HILL, CT 06375

FEI Number: 58-2267620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DEAN
321 VIZCAYA DR.
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete
Name: SISK, KEITH
Address: 19 SUNSHINE RD.
City-St-Zip: QUAKER HILL, CT 06375

Title: VCVP ( ) Delete
Name: SISK, PAUL
Address: 19 SUNSHINE RD.
City-St-Zip: QUAKER HILL, CT 06375

Title: D ( ) Delete
Name: JOHNSON, DEAN
Address: 321 VIZCAYA DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: STRESSER, MICHAEL
Address: 3414 PEACHTREE RD., NE, STE. 1120
City-St-Zip: ATLANTA, GA 30326

Title: D (X) Delete
Name: SISK, PARIS
Address: 19 SUNSHINE ROAD
City-St-Zip: QUAKER HILL, CT 06375

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SISK, PAIVI
Address: 19 SUNSHINE ROAD
City-St-Zip: QUAKER HILL, CT 06375

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SISK VP 04/30/2009

Electronic Signature of Signing Officer or Director Date