2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005
Secretary of State

DOCUMENT# F96000001900

Entity Name: FOUNDATION INTERNATIONAL MEMBERSHIP SERVICES ADMINISTRATIONS, INC.

Current Principal Place of Business:

VAN ENGELENWEG 21A
P.O. BOX 3335
CURACAO NETHERLANDS ANTILLES,

New Principal Place of Business:

210 SOUTH FORT HARRISON
CLEARWATER, FL 33756

Current Mailing Address:

PO BOX 899
CLEARWATER, FL 33757

New Mailing Address:

FEI Number: 98-0136014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, PAUL B
112 SOUTH MAGNOLIA AVE
TAMPA, FL 33606 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

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: RONNQUIST, EWA
Address: P.O. BOX 1931
City-St-Zip: CLEARWATER, FL 33757

Title: D ( ) Delete
Name: COHEE, LISE L
Address: P.O. BOX 2714
City-St-Zip: CLEARWATER, FL 33757

Title: D ( ) Delete
Name: FRASER, DEBORAH
Address: P.O. BOX 956
City-St-Zip: CLEARWATER, FL 33757

Title: V ( ) Delete
Name: PRAAG, GEORGE
Address: PO BOX 3335
City-St-Zip: CURACAO NETH ANTILLES,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: MACDONALD, KARLEEN
Address: P.O. BOX 2251
City-St-Zip: CLEARWATER, FL 33757

Title: S (X) Change ( ) Addition
Name: COHEE, LISE L
Address: P.O. BOX 2714
City-St-Zip: CLEARWATER, FL 33757

Title: T (X) Change ( ) Addition
Name: FRASER, DEBORAH
Address: P.O. BOX 956
City-St-Zip: CLEARWATER, FL 33757

Title: V (X) Change ( ) Addition
Name: PRAAG, GEORGE
Address: PO BOX 3335
City-St-Zip: CURACAO NETH ANTILLES, NE 34616

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISE COHEE S 01/31/2005

Electronic Signature of Signing Officer or Director — Date