

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F96000006087

Entity Name: ANB INTERNATIONAL, INC.

FILED
Oct 26, 2009
Secretary of State

Current Principal Place of Business:

3738 SE OCEAN BLVD
SEWALLS POINT, FL 34996

New Principal Place of Business:

608 COURTSIDE DRIVE
NAPLES, FL 34105 US

Current Mailing Address:

5357 ROUTE 5
PO BOX 390
ASCUTNEY, VT 05030

New Mailing Address:

FEI Number: 03-0331158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, CLAIRE
608 COURTSIDE DRIVE
NAPLES, FL 34105 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: CLAIRE MURRAY

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLACKMAN, MICHAEL
Address: 608 COURTSIDE DR
City-St-Zip: NAPLES, FL 34105

Title: CEO () Delete
Name: MURRAY, CLAIRE
Address: 608 COURTSIDE DR
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: AMES, GARRETT
Address: 3 SURRAY RD
City-St-Zip: BARRINTON, RI 02806

Title: VP () Delete
Name: MURRAY, KARI
Address: 631 LAUREL AVE
City-St-Zip: PACIFIC GROVE, CA 93950

Title: S () Delete
Name: HACKETT, M. BETH
Address: 11 MILL VILLAGE RD
City-St-Zip: CORNISH, NH 03745

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

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: BETH HACKETT

S

10/26/2009

Electronic Signature of Signing Officer or Director

Date