2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
04-16-2007 90077 011 ***150.00

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DOCUMENT # F98000002433

1. Entity Name
TRADESMEN INTERNATIONAL, INC.

66012906

Principal Place of Business	Mailing Address
9760 SHEPARD RD MACEDONIA, OH 44056	9760 SHEPARD RD MACEDONIA, OH 44056

01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1696251
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	WESLEY, JOSEPH
STREET ADDRESS	9760 SHEPARD RD
CITY-ST-ZIP	MACEDONIA, OH 44056
TITLE	CFOD
NAME	MARKO, JOHN
STREET ADDRESS	9760 SHEPARD RD
CITY-ST-ZIP	MACEDONIA, OH 44056
TITLE	VPGC
NAME	KLAUSMAN, C. WILLIAM
STREET ADDRESS	9760 SHEPARD RD
CITY-ST-ZIP	MACEDONIA, OH 44056
TITLE	D
NAME	COOK, BOBBY RAY
STREET ADDRESS	9760 SHEPARD ROAD
CITY-ST-ZIP	MACEDONIA, OH 44056
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: X _____ 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #