## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 10, 2005 8:00 am Secretary of State DOCUMENT # G09124 1. Entity Name 03-10-2005 90142 049 \*\*\*150.00 INTERNATIONAL BUILDINGS MANAGEMENT INC. Mailing Address Principal Place of Business 16050 S TAMIAMI TRAIL SUITE 105 FT. MYERS FL 33908 16050 S TAMIAMI TRAIL SUITE 105 . FT. MYERS FL 33908 2. Principal Place of Business 3. Mailing Address 16050 S.TAMIAMI THALL 16050 S. TAMIAMI TMALL Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) ÷( 102 Applied For 4. FEI Number 7. MyEus TL. 59-2241127 7. MYELL Not Applicable Country USA. \$8.75 Additional 33908 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOONSOPON, VILAWAN Street Address (P.O. Box Number is Not Acceptable) 16050 S. TAMIAMI TR 105 FT. MYERS FL 33908 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Delete TITLE ☐ Addition TITLE BOONSOPON, UILAWAN BOONSOPON, VILAWAN NAME NAME 16050 S.TAMIAMI TK- \* 105 STREET ADDRESS STREET ADDRESS 16050 S. TAMIAMI TR FT. MYERS FL 33908 CITY-ST-7/P CITY-ST-7IP 77.M4GU FL. 33908 Addition Change THLE ☐ Delete TITLE ARMOU BOONSOAN NAME NAME 16050 S. TAMIAMI TR. # 105 STREET ADDRESS STREET ADDRESS 47. MYLS, TL- 33908 CITY-ST-ZIP CITY-ST-7IP Addition TITLE Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITL F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED