

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G09124**

1. Entity Name  
INTERNATIONAL BUILDINGS MANAGEMENT INC.



Principal Place of Business 16050 S TAMiami TRAIL SUITE 105 FT. MYERS, FL 33908	Mailing Address 16050 S TAMiami TRAIL SUITE 105 FT. MYERS, FL 33908
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03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2241127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BOONSOPON, VILAWAN  
16050 S. TAMiami TR 105  
FT. MYERS, FL 33908

**DO NOT WRITE  
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	TS BOONSOPON, VILAWAN 16050 S. TAMiami TR FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOONSOPON, ARMON 16050 S. TAMiami TR #105 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000734629  
05/10/07-80001-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Vilawan Boonsopon VILAWAN BOONSOPON 4/23/07 (239)482-1140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #