


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # G09323
 1. Entity Name
FIRST MARKET INTERNATIONAL, INC.



Principal Place of Business	Mailing Address
ONE PURLIEU PLACE 210 WINTER PARK, FL 32792 US	ONE PURLIEU PLACE 210 WINTER PARK, FL 32792 US



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2243198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSELLO, THOMAS JR
 ONE PURLIEU PLACE
 SUITE 210
 WINTER PARK, FL 32792

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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 re-issuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGAN, ROBERT F. ONE PURLIEU PLACE, STE. 210 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPH ROSSELLO, THOMAS JR. ONE PURLIEU PLACE, SUITE 210 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSSELLO, DEBORAH L ONE PURLIEU PLACE, STE. 210 WINTER PARK, FL 32742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/21/05-80084-020 150.00

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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 supplementary 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: _____ **4/15/05** **407.657.6547**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #