2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DIVISION OF CORPORATIONS DOCUMENT # G51460 1. Entity Name 05 SEP -2 AM 11: 47 F.S. INTERNATIONAL, INC. Principal Place of Business Mailing Address 7087 GRAND NATIONAL DRIVE 7087 GRAND NATIONAL DRIVE SUITE 100 SUITE 100 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08292005 CR2E034 (10/03) City & State City & State 4. FFI Number Applied For 59-2314808 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANE, PAUL CAMP 7087 GRAND NATIONAL DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 100 ORLANDO, FL 32819 City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition NAME LANE, PAUL CAMP NAMÉ STREET ADDRESS 7087 GRAND NATIONAL DRIVE, SUITE 100 STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Dic/ Presiden+ Change Ch **Addition** SCHMIDT, KHALIL SCHMIDT, KHALIL NAME NAME Ziegelgasse 21 STREET ADDRESS ZIEGELGASSE 21 STREET ADDRESS CITY-ST-ZIP FREISING, BV 85354 CITY-ST-ZIP 85354 Freising Germany Dir. / Sec. / Treasurer SCHMIDT, Franziska TITLE Delete **∑**Change Addition SCHMIDT, FRANZISKA SCHMIDT, Fran Ziegelgasse 21 85354 Freising NAME NAME STREET ADDRESS **ZIEGELGASSE 21** STREET ADDRESS CITY-ST-ZIP FREISING, BV 85354 CITY-ST-ZIP TITLE ☐ Delete TITLE Change <u>700059536447</u> NAME NAME STREET ADDRESS STREET ADDRESS 09/12/05--01060--004 --**61.25 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

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FILED SECRETARY OF STATE