## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 AM Secretary of State

	ANNUAL	REPORT	
DOCUMENT #	# G59198		

1. Entity Name
CHANNEL INTERNATIONAL, INC.



Principal Place of Business

9045 LAFONTANA BLVD

SUITE 216 BOCA RATON, FL 33434 L Mailing Address

9045 LAFONTANA BLVD

SUITE 216

BOCA RATON, FL 33434 U



DO	NOT	WRITE	IN THI	S SPACE
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 01192007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOOSHANI, MEHRDAD 9045 LA FONTANA BLVD BOCA RATON, FL 33437

DO NOT WRITE IN THIS SPACE

8. The above the obliga	named entry submits this statement for the $\rho$ tions of registered agent	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida - Lam familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title d	applicable. (NOTE, Registered	l Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHOOSHANI, MARGARET 9045 LA FONTANA BLVD BOCA RATON, FL 33434				000000650248 03.408/07-80002-006 150.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS C/TY-ST-Z/P				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN:	THIS SPACE
HTLE NAME STREET ADDRESS CHY-ST-ZIP					
TITLE NAME					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplier and 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 of interceptowered 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 aydres, with all other of empowered.

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 561451-8990