


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # H02083		
1. Entity Name FIDELIS INTERNATIONAL CORPORATION		
Principal Place of Business 600 BILTMORE WAY PH. 102 CORAL GABLES, FL 33134 US	Mailing Address 600 BILTMORE WAY PH. 102 CORAL GABLES, FL 33134 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LINLEY, BARRIE D. 600 BILTMORE WAY, PH 102 CORAL GABLES, FL 33134		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LINLEY, BARRIE D. 600 BILTMORE WAY, PH 102 CORAL GABLES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINLEY, BRENDA 600 BILTMORE WAY, PH 102 CORAL GABLES, FL	
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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: <u>B. D. LINLEY</u> <u>30 January 2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2468006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000774204
01/07/08-80004-022 150.00

**DO NOT WRITE
IN THIS SPACE**

805.44 81533