

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32650

FILED
Jan 15, 2009
Secretary of State

Entity Name: INTERNATIONAL SALVAGE INC.

Current Principal Place of Business:

4611 S. UNIVERSITY DRIVE
SUITE 316
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4611 S. UNIVERSITY DRIVE
SUITE 316
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-2473386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUGBEE, GLENN E
4611 S. UNIVERSITY DRIVE
SUITE 316
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

BUGBEE, AMANDA F
4611 S. UNIVERSITY DRIVE
SUITE 316
DAVIE, FL 33328 US

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.

SIGNATURE: AMANDA BUGBEE

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUGBEE, GLENN E
Address: 4611 S. UNIVERSITY DRIVE, STE 316
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: BUGBEE, AMANDA F
Address: 4710 SW 72 AVENUE
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: BUGBEE, ALICIA M
Address: 3050 RED MANGROVE LANE SOUTH
City-St-Zip: DANIA, FL 33312

Title: SD (X) Delete
Name: BUGBEE, SUSAN M
Address: 4640 SW 70 TERRACE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BUGBEE, SUSAN M
Address: 4640 SW 70 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA BUGBEE

VP

01/15/2009

Electronic Signature of Signing Officer or Director

Date