


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000055078	
1. Entity Name INTERNATIONAL MENTOR BELTS AND BUCKLES LLC	

Principal Place of Business 4 KELSEY RD LAKE PLACID FL 33852	Mailing Address 4 KELSEY RD LAKE PLACID FL 33852
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2. Principal Place of Business - No P.O. Box # 4 KELSEY RD, LAKE PLACID FL.	3. Mailing Address 4 KELSEY RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

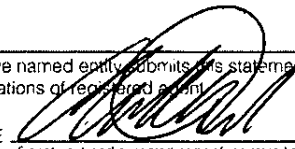
1st MOORE CR2E083 (10/07)

City & State LAKE PLACID FL	City & State LAKE PLACID FL
Zip 33852	Country FLORIDA
Zip 33852	Country FLORIDA

4. FEI Number 20-5195494	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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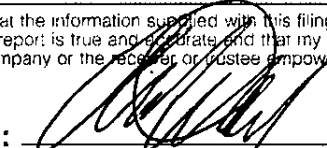
6. Name and Address of Current Registered Agent SCHEEL, CHARLES 4 KELSEY RD LAKE PLACID FL 33852	7. Name and Address of New Registered Agent Name CHARLES H. SCHEEL Street Address (P.O. Box Number is Not Acceptable) 4 KELSEY RD. City LAKE PLACID FL FL Zip Code 33852
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8. 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 	CHARLES H. SCHEEL 2/24/08 <small>(NOTE: Registered Agent's signature required when reinstating)</small> DATE

FILE NOW!!! FEE IS \$138.75 - PND After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	CK 486 @
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEEL, CHARLES		NAME	
STREET ADDRESS 4 KESLEY RD		STREET ADDRESS	
CITY-ST-ZIP LAKE PLACID FL 33852		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **2/24/08 (954) 583-1728**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE