## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 03, 2006 08:00 AM **Secretary of State** DOCUMENT #L14208 INTERNATIONAL HOLDING GROUP, INC. Principal Place of Business Mailing Address 1101 NE 3 ST 1926 HOLLYWOOD BLVD HALLANDALE, FL 33009 HOLLYWOOD, FL 33020 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0158697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent HOROSNY, MITZI A. DO NOT WRITE 1926 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 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-Signature, typed or printed name of registered agent and trie if applicable. (NOTE: Registored Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HOROSNY, MITZI A. NAME STREET ADDRESS 1926 HOLLYWOOD BLVD CITY-ST-ZIP HOLLYWOOD, FL 33020 THILE U00000418438 02/14/86-80009-015 150.00 NAME SZERETO, MITZI STREET ADDRESS 1926 HOLLYWOOD BLVD CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STRILET ADDRESS CITY-ST-77P SISLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 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 curporation 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 an other like empowered.

SIGNATURE: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1.30.06

954-458-3136

FILED