

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90003 038 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L27431			
1. Entity Name INTERNATIONAL SNOW FLIERS, INC.			
Principal Place of Business 3080 LAUREL DR. MOUNT DORA, FL 32757 US	Mailing Address 17 B CHEMIN DE L'ECOLE LACBEAUPORT QUEBEC G0A2C0 CANADA, PQ G0A2C XX G3B ON3	40118263 	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent DUPLESSIS, GAETANE 3080 LAUREL DR. MOUNT DORA, FL 32757		05042007 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-2975214	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POULIN, PIERRE 12 CHEMIN DES OMBRES LACBEAUPORT, PQ G0A2C		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERNSKOG, CECILIA 17 CHEMIN DE L'ECOLE LACBEAUPORT, PQ G0A2C G3B ON3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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  CECILIA HERNSKOG		Date May 3-07 (48) 841-9164	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	