

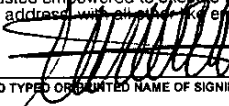


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90429 014 \*\*\*150.00

<b>DOCUMENT # L36602</b>					
1. Entity Name <b>BABYLON INTERNATIONAL, INC.</b>					
Principal Place of Business <b>180 ISLAND DRIVE KEY BISCAVNE, FL 33149</b>			Mailing Address <b>180 ISLAND DRIVE KEY BISCAVNE, FL 33149-2410 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0212744</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		CR2E034 (12/06)			
Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARTINEZ-CELEIRO, FRANCISCO</b> <b>180 ISLAND DRIVE</b> <b>KEY BISCAVNE MIAMI, FL 33149</b>			Name <b>FRANCISCO M. MARTINEZ-MIYASHIKI</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>555 NE 15TH STREET SUITE # 934</b>		
			City <b>MIAMI</b>		FL
8. The above named party has filed 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 a registered agent.					
SIGNATURE 		<b>FRANCISCO M. MARTINEZ-MIYASHIKI</b>		DATE <b>04/27/2007</b>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MARTINEZ-CELEIRO, F.</b>	NAME			
STREET ADDRESS	<b>180 ISLAND DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>KEY BISCAVNE, FL 331492410</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MIYASHIKI, EVA</b>	NAME			
STREET ADDRESS	<b>180 ISLAND DR</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>KEY BISCAVNE, FL 331492410</b>	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			
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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			
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 info empowered.					
SIGNATURE: 		<b>FRANCISCO MARTINEZ CELEIRO</b>		Date <b>4/27/07</b> (305) 576-7800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	