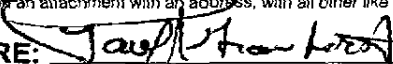


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L75187		
1. Entity Name INVEST INTERNATIONAL CORP.		
Principal Place of Business % PAUL S. GRAVENHORST 283 SABAL PALM TERR. BOCA RATON, FL 33432		Mailing Address % PAUL S. GRAVENHORST 283 SABAL PALM TERR. BOCA RATON, FL 33432
DO NOT WRITE IN THIS SPACE		
		 03202006 No Chg-P CRZE034 (11/05)
		4. FEI Number 65-0205723
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required
6. Name and Address of Current Registered Agent GRAVENHORST, PAUL S 283 SABAL PALM TERR BOCA RATON, FL 33432		DO NOT WRITE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	DP	
NAME	GRAVENHORST, PAUL S	
STREET ADDRESS	283 SABAL PALM TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  3-20-06		754-468-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #