

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65243

FILED
Jun 01, 2009
Secretary of State

Entity Name: INTERNATIONAL INVESTORS SYNDICATE, INC.

Current Principal Place of Business:

2640 ISLAND VIEW LN
MATLACHA, FL 33993

New Principal Place of Business:

Current Mailing Address:

TOM W HILL
1318 LAFAYETTE ST
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0082734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, THOMAS W
1318 LAFAYETTE ST
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASSELMAN, LAURA LYNN
Address: 2640 ISLAND VIEW LANE
City-St-Zip: MATLACHA, FL 33993

Title: VST () Delete
Name: CASSELMAN, STEVEN
Address: 2640 ISLAND VIEW LANE
City-St-Zip: MATLACHA, FL 33993

Title: S () Delete
Name: HILL, THOMAS W
Address: 1318 LAFAYETTE ST
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA LYNN CASSELMAN

PD

06/01/2009

Electronic Signature of Signing Officer or Director

_____ Date