

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003806

FILED
Jan 07, 2006
Secretary of State

Entity Name: COMMISSIONED INTERNATIONAL, INC.

Current Principal Place of Business:

608 W. OAKLAND AVENUE
OAKLAND, FL 34760

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 930
OAKLAND, FL 34760

New Mailing Address:

FEI Number: 59-3451478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, JOSHUA
15001 OAKLAND AVENUE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

FOWLER, JOSHUA DR.
15001 OAKLAND AVENUE
WINTER GARDEN, FL 34787 US

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: DR. JOSHUA FOWLER

01/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOWLER, JOSHUA
Address: 15001 OAKLAND AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: FOWLER, DEBORAH A
Address: 15001 OAKLAND AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD () Delete
Name: OLMEDO, DANA
Address: 608 W. OAKLAND AVENUE
City-St-Zip: OAKLAND, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOWLER, JOSHUA DR
Address: 15001 OAKLAND AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: VD (X) Change () Addition
Name: MILLER, CHARM
Address: 608 W. OAKLAND AVENUE
City-St-Zip: OAKLAND, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JOSHUA FOWLER

PD

01/07/2006

Electronic Signature of Signing Officer or Director

Date