

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N04900000350

1. Entity Name
PARTNERSHIPS INTERNATIONAL, INC.



Principal Place of Business
211 COCOA STREET S.E.
PALM BAY, FL 32909

Mailing Address
211 COCOA STREET S.E.
PALM BAY, FL 32909



07042006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1693520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICPHAIDIN, AILISH
211 COCOA STREET S.E.
PALM BAY, FL 32909

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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 reconstituting)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000569599
07/12/06-80006-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OGDEN, ROSE MAYHEW
STREET ADDRESS	988 HUNTE PARK AVENUE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	CLEMENTS, BARBARA
STREET ADDRESS	6940 BIG BEN DRIVE
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	D
NAME	NOELL, DAVID O
STREET ADDRESS	505 LITTLE WEKIVA ROAD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	OFFI
NAME	NICPHAIDIN, AILISH
STREET ADDRESS	211 COCOA STREET S.E.
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 617, 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: *Ailish Nicphaidin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 4, 2006 321-952-2978
Date Daytime Phone #