2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N06000006066

Entity Name: MUSKETEERS INTERNATIONAL, INC.

Current Principal Place of Business:

15841 PINES BLVD. #241
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

15841 PINES BLVD. #241
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 76-0833908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENDRICHUS, PIETER P
15841 PINES BLVD. #241
PEMBROKE PINES, FL 33027 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	HENDRICHUS, PIETER	
Address:	15841 PINES BLVD #241	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	VP	( ) Delete
Name:	HYPOLITE, CLIFF	
Address:	2134 PLUNKETT CT	
City-St-Zip:	HOLLYWOOD, FO 33020	
Title:	T	( ) Delete
Name:	ST. LEWIS, NIGEL	
Address:	450 NW 87TH TERRACE #104	
City-St-Zip:	PLANTATION, FL 33324	
Title:	S	( ) Delete
Name:	SMITH, PATRICIA	
Address:	11552 NW 30TH STREET	
City-St-Zip:	CORAL SPRING, FL 33065	
Title:	D	( ) Delete
Name:	BORDE, STEPHEN	
Address:	2062 SW 90TH WAY	
City-St-Zip:	MIRAMAR, FL 33025	
Title:	D	( ) Delete
Name:	PERRY, RAYMOND	
Address:	2310 SW 63RD TERRACE	
City-St-Zip:	MIRAMAR, FL 33023	

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:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIETER HENDRICHUS P 04/28/2008

Electronic Signature of Signing Officer or Director — Date