

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 10, 2009
Secretary of State

DOCUMENT# N07000006957

Entity Name: INTERNATIONAL ENVIRONMENTAL INTELLIGENCE AGENCY, INC.**Current Principal Place of Business:**445 S. ARDMORE AVE., #341
LOS ANGELES, CA 90020**New Principal Place of Business:**1770 ALGONQUIN TRAIL
MAITLAND, FL 32751**Current Mailing Address:**445 S. ARDMORE AVE., #341
LOS ANGELES, CA 90020**New Mailing Address:**DR. HILDEGARDE STANINGER
445 S. ARDMORE AVE. # 341
LOS ANGELES, CA 90020**FEI Number:** 26-0539120**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STANINGER, HILDEGARDE DR
1770 ALGOGUIN TRAIL
MAITLAND, FL 32751 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:** EDBM () Delete
Name: STANINGER, HILDEGARDE DR
Address: 445 S. ARDMORE AVE #341
City-St-Zip: LOS ANGELES, CA 90020**Title:** PEBM () Delete
Name: MENTUCCIA, ROBERTO
Address: 445 S. ARDMORE AVE #341
City-St-Zip: LOS ANGELES, CA 90020**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** EDBM (X) Change () Addition
Name: STANINGER, HILDEGARDE DR
Address: 1770 ALGONQUIN TRAIL
City-St-Zip: MAITLAND, FL 32751**Title:** PEBM (X) Change () Addition
Name: MENTUCCIA, ROBERTO
Address: 1770 ALGONQUIN TRAIL
City-St-Zip: MAITLAND, FL 32751

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: DR. HILDEGARDE STANINGER

EDBM

06/10/2009

Electronic Signature of Signing Officer or Director

Date