


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P00000084425 1. Entity Name ACANTHUS INTERNATIONAL, INC.	
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Principal Place of Business 811 27TH STREET WEST PALM BEACH, FL 33407	Mailing Address 5240 MANGO BLVD ROYAL PALM BEACH, FL 33411
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**DO NOT WRITE IN THIS SPACE**



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1052924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BILLANE, MARK  
5240 MANGO BLVD  
ROYAL PALM BEACH, FL 33411

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U000000627079  
02/15/07-80046-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BILLANE, MARK J
STREET ADDRESS	5240 MANGO BLVD
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	D
NAME	BILLANE, MARINA
STREET ADDRESS	5240 MANGO BLVD
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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 607, 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:  2/2/07 861 333 8921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #