## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2006 08:00 AM Secretary of State DOCUMENT # P00000090519 IMPORT EXPORT UNLIMITED, INC. Principal Place of Business Mailing Address PO BOX 453214 PO BOX 453214 KISSIMMEE, FL 34745 KISSIMMEE, FL 34745 04222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3045752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAND, S. DO NOT WRITE 2400 SMITH ST., BLDG. 1 #3 KISSIMMEE, FL 34744 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. DATE Signature, typed or printed name of registered agent and titls if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE SAND, S. NAME STREET ADDRESS PO BOX 453214 KISSIMMEE, FL 34745 CAY-ST-ZIE U00000560780 05/18/06-80051-017 **150.00** 7/T1F NAME STREET ADDRESS CITY-ST-ZIP 3.777 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NARAT STREET ADDRESS

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 path; 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:

CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-06

Darte Daytime Phone #

FILED