

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003182

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: INFINITY INTERNATIONAL INCORPORATION

## Current Principal Place of Business:

27251 SR 54  
STE B-14 PMB # 501  
WESLEY CHAPEL, FL 33543

## New Principal Place of Business:

27251 SR 54  
STE B-14 PMB # 102  
WESLEY CHAPEL, FL 33543

## Current Mailing Address:

27251 SR 54  
STE B-14 PMB # 501  
WESLEY CHAPEL, FL 33543

## New Mailing Address:

19204 WOODSAGE DR.  
TAMPA, FL 33647

FEI Number: 59-3691500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAHLOUL, MOSTAFA  
27251 SR 54  
STE B-14  
WESLEY CHAPEL, FL 33543 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: BAHLOUL, MOSTAFA  
Address: 27251 SR 54 STE B-14 PMB # 501  
City-St-Zip: WESLEY CHAPEL, FL 33543

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: MOSTAFA BAHLOUL

PSD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date