

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90177 038 ***150.00

DOCUMENT # P01000057290 1. Entity Name INTERNATIONAL NOVELTY IMPORTS, INC.			
Principal Place of Business 2124 HOCKLEY COURT 12206 ORLANDO, FL 32837		Mailing Address 12206 HOLLY JANE COI 2124 HOCKLEY COURT ORLANDO FL 32804 ORLANDO FL 32824	
2. Principal Place of Business 12206 HOLLY JANE CT Suite, Apt. #, etc.		3. Mailing Address 12206 HOLLY JANE CT Suite, Apt. #, etc.	
City & State ORLANDO FL 32824		City & State ORLANDO FL	
Zip 32824		Zip 32824	
Country		Country	
4. FEI Number 59-3731870		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAM, SYLVIA 2124 HOCKLEY COURT ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name SAM SYLVIA Street Address (P.O. Box Number is Not Acceptable) 12206 HOLLY JANE COURT City ORLANDO FL Zip Code 32824	
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 <u>SYLVIA SAM</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>Sylvia Sam</i></u> <small>(NOTE: Registered Agent signature required when remaining)</small>	
DATE 4-25-2005 <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SAM, SYLVIA STREET ADDRESS 2124 HOCKLEY COURT CITY-ST-ZIP ORLANDO, FL 32837 ORLANDO FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Sylvia Sam</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4-25-2005 DAYTIME PHONE # 407-257-7603	