2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCU	MENT # P0100005800			Secreta	iry or k	State	
	TERNATIONAL, INC.						
Principal Plac	e of Business	Valling Address		}			
8420 SOUTHWIND BAY CIRCLE 8420 SOUTHWIND BAY CIRCLE FT. MYERS, FL 33908 FT. MYERS, FL 33908			{				
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DO NOT WRITE IN THIS SPACE				01312006	No Chg-P	CR2E034 (11/05)
			CE	4. FEI Numi			Applied For
}		1 · .		65-11			Not Applicate 75 Additional
				5. Certificat	e of Status Desired	Fee	Required
}	6. Name and Address of Current Regi	stered Agent	,				
CONSTANT, PETER 8420 SOUTHWIND BAY CIRCLE				DO	NOT W	RITE	
FT. MYERS, FL 33908			: (,) " (,) .	· · · · · · · · · · · · ·	THIS SF		`
			.•	48.4		~ (See 1999)	
	named entity submits this statement for the	purpose of changing its registere	ed office or register	red agent, or b	oth, in the State of Flo	orida. Tam famil	lar with, and acce
SIGNATURE.			*		<u> </u>		
	Signature, typed or printed name of registered agent and this	d Agent signature required	1 when reinstating)	1	DATE		
		Election Campaign Finan Trust Fund Centribution.	icing \$5.	.00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS					-,-
TITLE NAME	P CONSTANT, PETER		}				
STREET ADDRESS CITY-ST-ZIP	8420 SOUTHWIND BAY CIRCLE		{				
Dile	FT. MYERS, FL 33908		i				
NAME			ł		04/18/06-	1489245	(05.14.5% - 85.
STREET ADDRESS CITY-ST-ZIP					047107007	.gnnng_nr	150,100,
TITLE			Ì				
NAME Street Andress			Ì	20	NOT W		
CITY-ST-ZIP					NOT W		•
TITLE NAME			}	IN	THIS SF	ACE	
STREET ADDRESS			ł				
ENTY-ST-ZIP							
TITLE NAME			1				
STREET ADDRESS CITY-ST-ZIP							
UITTELFEIT	1)	i	ł				

12. Thereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

SIGNATURE AND TYPEU OR PRINTED NAME OF STURING OFFICER OR DIRECTOR

1-31-06 238-275-3766