2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P01000069089

Entity Name: INTERNATIONAL VENTURES INC

Current Principal Place of Business:

1834 ST. JOHNS BLUFF RDS.
JACKSONVILLE, FL 32246

New Principal Place of Business:

1834 ST. JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246

Current Mailing Address:

1834 ST. JOHNS BLUFF RDS.
JACKSONVILLE, FL 32246

New Mailing Address:

1834 ST. JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246

FEI Number: 01-0593835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GABRIEL, LANKRT
1834 ST. JOHNS BLUFF RD S.
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

GABRIEL, LANKRY
1834 ST. JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246 US

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: GABRIEL LANKRY 03/02/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LANKRY, GABRIEL
Address: 1834 ST. JOHNS BLUFF RDS.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: LANKRY, SAMUEL
Address: 1834 ST JOHNS BLUFF RD S
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LANKRY, GABRIEL
Address: 1834 ST. JOHNS BLUFF RD. S.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D (X) Change ( ) Addition
Name: LANKRY, SAMUEL
Address: 1834 ST. JOHNS BLUFF RD. S.
City-St-Zip: JACKSONVILLE, FL 32246

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: GABRIEL LANKRY PD 03/02/2009
Electronic Signature of Signing Officer or Director Date