

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097465

FILED  
Jan 06, 2005  
Secretary of State

**Entity Name:** INTERNATIONAL INNOVATION CONCEPTS, INC.

**Current Principal Place of Business:**

PO BOX 848516  
PEMBROKE PINES, FL 33084

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 848516  
PEMBROKE PINES, FL 33084

**New Mailing Address:**

**FEI Number:** 30-0013600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, DIANNE  
2115 N.W. 72ND TERRACE.  
PEMBROKE PINES, FL 33024 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:** OWNE ( ) Delete  
**Name:** COHEN, DIANNE D OWNER  
**Address:** 2115 N.W. 72ND TERRACE  
**City-St-Zip:** PEMBROKE PINES, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** OWNE (X) Change ( ) Addition  
**Name:** COHEN, DIANNE D OWNER  
**Address:** 2115 N.W. 72ND TERRACE  
**City-St-Zip:** PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** DIANNE COHEN

OWNE

01/06/2005

Electronic Signature of Signing Officer or Director

Date