2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120484

Entity Name: FLORIDA INTERNATIONAL FINANCE CORPORATION

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1500 COLONIAL BLVD. 3620 COLONIAL BLVD. SUITE 235 SUITE 230

SUITE 235 SUITE 230 FORT MYERS, FL 33907 FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

1500 COLONIAL BLVD.
SUITE 235
FORT MYERS, FL 33907
S620 COLONIAL BLVD.
SUITE 230
FORT MYERS, FL 33912

FEI Number: 56-2301545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SSI ACCOUNTING AND TAX SERVICE INC.

1500 COLONIAL BLVD.

SLITE 235.

SSI ACCOUNTING AND TAX SERVICE INC.

3620 COLONIAL BLVD.

SLITE 230.

SUITE 235 SUITE 230 FORT MYERS, FL 33907 US FORT MYERS, FL 33912 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: SCHMITZ 04/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S () Delete Title: P,S (X) Change () Addition

Name: SCHMITZ, WERNER Name: SCHMITZ, WERNER
Address: % SSI ACCT.+TAX SVC 1500 COL;ONIAL BLVD Address: % SSI ACCT.+TAX SVC 3620 COLONIAL BLVD

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33912

Title: VP,T () Delete Title: VP,T (X) Change () Addition

Name: SCHMITZ, HANNELORE Name: SCHMITZ, HANNELORE

Address: % SSI ACCT.+TAX SVC 1500 COL;ONIAL BLVD Address: % SSI ACCT.+TAX SVC 3620 COLONIAL BLVD

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33912

 $\label{eq:title: Title: VP () Change (X) Addition} \end{Title:}$

Name: Name: SCHMITZ, SEBASTIAN

Address: Address: %SSI ACCT.+TAX SVC 3620 COLONIAL BLVD

City-St-Zip: City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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: WERNER SCHMITZ P 04/24/2006