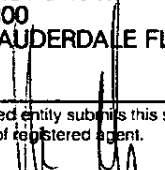
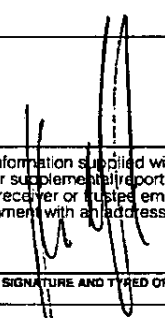


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-12-2004 90018 046 ***150.00

DOCUMENT # P03000009076 1. Entity Name ACTS INTERNATIONAL, INC.					
Principal Place of Business 1401 EAST BROWARD BOULEVARD SUITE 300 FORT LAUDERDALE FL 33301			Mailing Address 1401 EAST BROWARD BOULEVARD SUITE 300 FORT LAUDERDALE FL 33301		
2. Principal Place of Business 2011 S. Perimeter Rd. Suite, Apt. #, etc. Suite C		3. Mailing Address 2011 S. Perimeter Rd. Suite, Apt. #, etc. Suite C		 MOORE CR2E034 (11/03)	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 05-0550411	
Zip 33309		Country Broward		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent J. PATRICK DYAL 1401 EAST BROWARD BOULEVARD SUITE 300 FORT LAUDERDALE FL 33301				7. Name and Address of New Registered Agent Name Hannes Jagerhofer Street Address (P.O. Box Number is Not Acceptable) 2011 South Perimeter Rd., Suite C City Fort Lauderdale FL Zip Code 33309	
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  DATE 3/25/04 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD ☐ Delete NAME JAGERHOFER, HANNES STREET ADDRESS 6550 NORTH FEDERAL HWY #240 CITY-ST-ZIP FORT LAUDERDALE FL 33308	TITLE PD ☒ Change ☐ Addition NAME Jagerhofer, Hannes STREET ADDRESS 2011 South Perimeter Rd., Suite C CITY-ST-ZIP Fort Lauderdale, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 			Date 3/25/04 Daytime Phone # 954-776-4240		