2006 FOR PROFIT CORPORATION

SIGNATURE

AND TYPED OR PRINTED NAME OF SO

Apr 24, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P03000039939 INTERNATIONAL ENTERPRISES, INC. Principal Place of Business Mailing Address 4085 HANCOCK BRIDGE PKWY STE #111-242 4085 HANCOCK BRIDGE PKWY STE #111-242 N FT MYERS, FL 33903 N FT MYERS, FL 33903 04202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1173086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HARTWICK, BRADLEY J DO NOT WRITE 4085 HANCOCK BRIDGE PKWY STE #111-242 N FT MYERS, FL 33903 IN THIS SPACE 3. 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. Signature, typed or printed neme of registered agent and title it applicable. PROTE: Pleastered Ament signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE HARTWICK, BRADLEY J NAME 4085 HANCOCK BRIDGE PKWY STE #111-242 STREET ADDRESS U00000529595 CHT - ST - ZIP N FT MYERS, FL 33903 05/05/06-80082-016 150.00 TITLE HAME HARTWICK, ROSANNE 4085 HANCOCK BRIDGE PKWY STE #111-242 STREET ADDRESS C114 -57 -27P N FT MYERS, FL 33903 NAME STITLE I ADDRESS DO NOT WRITE CITY - ST - ZTP IN THIS SPACE NAME STREET ADDRESS CITY-ST-77 TITLE NAME STITLE I ADDRESS CUTY ST-ZIP IIILE MASES STITLE FADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied either and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or the receiver of 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 a higher each other like empowered.

FILED