

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084284

Entity Name: AXIOM INTERNATIONAL, INC.

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

1713 CAPESTERRE DRIVE
ORLANDO, FL 32824

New Principal Place of Business:

13411 GLACIER NATIONAL DR
APT 606
ORLANDO, FL 32837

Current Mailing Address:

1713 CAPESTERRE DRIVE
ORLANDO, FL 32824

New Mailing Address:

P.O. BOX 771335
ORLANDO, FL 32877-133

FEI Number: 20-0390685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHAEL D
1713 CAPESTERRE DRIVE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

BROWN, MICHAEL D
13411 GLACIER NATIONAL DR
APT 606
ORLANDO, FL 32837 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: M. D. BROWN

01/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, MICHAEL D
Address: 1713 CAPESTERRE DRIVE
City-St-Zip: ORLANDO,, FL 32824 US

Title: VPD () Delete
Name: BROWN, AMANDA J
Address: 1713 CAPESTERRE DRIVE
City-St-Zip: ORLANDO, FL 32824 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, MICHAEL D
Address: 13411 GLACIER NATIONAL DR, APT 606
City-St-Zip: ORLANDO,, FL 32837 US

Title: VPD (X) Change () Addition
Name: BROWN, AMANDA J
Address: 13411 GLACIER NATIONAL DR, APT 606
City-St-Zip: ORLANDO, FL 32837 US

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: M. D. BROWN

PD

01/31/2005

Electronic Signature of Signing Officer or Director

Date