2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P03000138356

Entity Name: INTERNATIONAL EMS REGISTRY, INC

Current Principal Place of Business:

1750 N UNIVERSITY DRIVE
227
CORAL SPRINGS, FL 33071

New Principal Place of Business:

9381 W SAMPLE RD
200
CORAL SPRINGS, FL 33065

Current Mailing Address:

1750 N UNIVERSITY DRIVE
227
CORAL SPRINGS, FL 33071

New Mailing Address:

9381 W SAMPLE RD
200
CORAL SPRINGS, FL 33065

FEI Number: 26-2417182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOARD, TODD
1750 N UNIVERSITY DRIVE
227
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

SOARD, TODD
9381 W SAMPLE RD
200
CORAL SPRINGS, FL 33065 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: TODD SOARD 04/23/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: SOARD, TODD
Address: 1750 N UNIVERSITY DRIVE #227
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DIR ( ) Delete
Name: ECHEVERRI, SINDIANA
Address: 1750 N UNIVERSITY DR 227
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: SOARD, TODD
Address: 9381 W SAMPLE RD 200
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DIR (X) Change ( ) Addition
Name: ECHEVERRI, SINDIANA
Address: 9381 W SAMPLE RD 200
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify 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: TODD SOARD DIR 04/23/2009
Electronic Signature of Signing Officer or Director Date