

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054314

FILED
Mar 05, 2009
Secretary of State

Entity Name: COLLINSONS INTERNATIONAL, INC.

Current Principal Place of Business:

46 MAXCY PLAZA CIRCLE
SUITE 104
HAINES CITY, FL 33844 US

New Principal Place of Business:

1945 SOUTHERN DUNES BLVD.
HAINES CITY, FL 33844 US

Current Mailing Address:

46 MAXCY PLAZA CIRCLE
SUITE 104
HAINES CITY, FL 33844 US

New Mailing Address:

1945 SOUTHERN DUNES BLVD,
HAINES CITY, FL 33844 US

FEI Number: 86-1112296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, DEREK P MR
46 MAXCY PLAZA CIRCLE
SUITE 104
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

COLLINS, DEREK P MR
SOUTHERN DUNES BLVD.
HAINES CITY, FL 33844 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:

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLLINS, DEREK P MR.
Address: 46 MAXCY PLAZA CIRCLE #104
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP () Delete
Name: COLLINS, ROSEMARY S MRS
Address: 46 MAXCY PLAZA CIRCLE #104
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLLINS, DEREK P MR.
Address: 1945 SOUTHERN DUNES BLVD.
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP (X) Change () Addition
Name: COLLINS, ROSEMARY S MRS
Address: 1945 SOUTHERN DUNES BLVD.
City-St-Zip: HAINES CITY, FL 33844 US

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: KEVIN L. COE

VPCF

03/05/2009

Electronic Signature of Signing Officer or Director

Date