2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009347

Entity Name: WESTMARK INTERNATIONAL, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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201 S. BISCAYNE BOULEVARD, SUITE 1500 1221 BRICKELL AVENUE

NINTH FLOOR MIAMI, FL 33131 MIAMI, FL 33131

Current Mailing Address:

New Mailing Address: C/O EW LYLE, 1805 45TH ST NW

201 S. BISCAYNE BOULEVARD, SUITE 1500

MIAMI, FL 33131

FEI Number: 56-2352679

WASHINGTON, DC 20007

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEI Number Applied For ()

Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI C/O FER. 1500 MIAMI CENTER 201 SOUTH BISCAYNE BOULEVARD

MIAMI, FL 33131 US

SIEBER, STEPHEN C MR. 910 WEST AVENUE #1200 MIAMI, FL 33139 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: STEPHEN C. SIEBER 05/01/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change () Addition LYLE, EDWARDS Name: Name: LYLE, EDWARD MR 1805 45TH S, N.W. 1805 45TH ST, N.W. Address: Address: City-St-Zip: WASHINGTON, DC 20007 City-St-Zip: WASHINGTON, DC 20007 US

Title: (X) Change () Addition Title: () Delete Name: SIEBER, STEPHEN C Name: SIEBER, STEPHEN C MR 3724 ANGELTON COURT 3724 ANGELTON COURT Address: Address: PUONSVILLE, MO 20860 BURTONSVILLE, MD 20866 US City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title:

ARIAS, MIGUEL M ARIAS, MIGUEL M MR Name: Name:

ZONA FRANCA DE VILLA MELLA BLDG NO. 2 ZONA FRANCA DE VILLA MELLA BLDG NO. 2 Address Address: City-St-Zip: SANTO DIMINGO, DR City-St-Zip: SANTO DOMINGO, DR DOM. REP. DR

Title: () Delete Title: () Change (X) Addition

NA, NA N NA Name: Name: Address: Address: NΑ City-St-Zip: City-St-Zip: NA, NA NA NA

Title: Title: () Change (X) Addition NA () Delete

Name: Name: NA, NA N NA Address: Address: NA City-St-Zip: City-St-Zip: NA, NA NA

() Change (X) Addition Title: () Delete Title: NA

Name: Name: NA, NA N NA Address: Address: NA City-St-Zip: City-St-Zip: NA. NA NA NA

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: EDWARD W. LYLE DPST 05/01/2007