

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039521

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: INTERNATIONAL BOOKKEEPING SERVICE, INC.

## Current Principal Place of Business:

9936 GARDENS EAST DR  
PALM BEACH GARDENS, FL 33410 US

## New Principal Place of Business:

15516 73RD ST N.  
LOXAHATCHEE, FL 33470 US

## Current Mailing Address:

9936 GARDENS EAST DR  
PALM BEACH GARDENS, FL 33410 US

## New Mailing Address:

15516 73RD ST N.  
LOXAHATCHEE, FL 33470 US

FEI Number: 56-2504236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMPSON, JULIA D  
9936 GARDENS EAST DR  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

THOMPSON, JULIA D  
15516 73RD ST N  
LOXAHATCHEE, FL 33470 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THOMPSON, JULIA D  
Address: 9936 GARDENS EAST DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: S (X) Delete  
Name: THOMPSON, JULIA D  
Address: 9936 GARDENS EAST DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: T (X) Delete  
Name: THOMPSON, JULIA D  
Address: 9936 GARDENS EAST DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: THOMPSON, JULIA D  
Address: 15516 73RD ST N  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JULIA D THOMPSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date