

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083134

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: COUNTRYWIDE INTERNATIONAL, INC.

## Current Principal Place of Business:

193 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773

## New Principal Place of Business:

2848 S MELLONVILLE AVE  
SANFORD, FL 32773

## Current Mailing Address:

193 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773

## New Mailing Address:

2848 S MELLONVILLE AVE  
SANFORD, FL 32773

FEI Number: 20-4147281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COFFIN, ALLAN  
193 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773 US

## Name and Address of New Registered Agent:

COFFIN, ALLAN  
2848 S MELLONVILLE AVE  
SANFORD, FL 32773 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: ALLAN COFFIN

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COFFIN, ALLAN  
Address: 193 MAGNOLIA PARK TRAIL  
City-St-Zip: SANFORD, FL 32773

Title: VP ( ) Delete  
Name: COFFIN, TANYA J  
Address: 193 MAGNOLIA PARK TRAIL  
City-St-Zip: SANFORD, FL 32773

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COFFIN, ALLAN  
Address: 2848 S MELLONVILLE AVE  
City-St-Zip: SANFORD, FL 32773

Title: VP (X) Change ( ) Addition  
Name: COFFIN, TANYA J  
Address: 2848 S MELLONVILLE AVE  
City-St-Zip: SANFORD, FL 32773

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: ALLAN COFFIN

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date