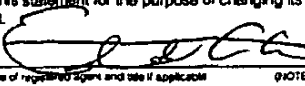
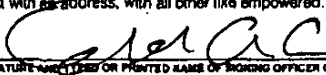


FILED
Jul 13, 2007 8:00 am
Secretary of State

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05-17-2007 90033 039 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000140851			
1. Entity Name ALLEN ENTERPRISES INTERNATIONAL, INC.			
Principal Place of Business 500 SOUTH FLORIDA AVENUE SUITE 340 LAKELAND, FL 33801		Mailing Address 500 SOUTH FLORIDA AVENUE SUITE 340 LAKELAND, FL 33801	
2. Principal Place of Business - No P.O. Box # 439 S. Florida Ave Suite, Apt. #, etc. Suite 300 City & State Lakeland, FL		3. Mailing Address Same as principal place of business Suite, Apt. #, etc. City & State	
Zip 33801		Country	
4. FEI Number 20-3680931		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ALLEN, EDWARD A 500 SOUTH FLORIDA AVENUE SUITE 340 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D ALLEN, EDWARD A 500 SOUTH FLORIDA AVENUE, SUITE 340 LAKELAND, FL 33801			
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5/1/07 863-683-1300	