

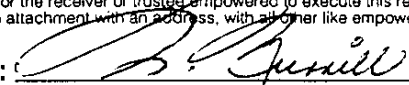


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90098 024 ***150.00

DOCUMENT # P06000117461 1. Entity Name AMERICAS TICENPA INTERNATIONAL CORPORATION					
Principal Place of Business 12058 SAN JOSE BLVD., #301 JACKSONVILLE, FL 32223			Mailing Address 12058 SAN JOSE BLVD., #301 JACKSONVILLE, FL 32223		
2. Principal Place of Business - No P.O. Box # 12071 BLACKFOOT TR.		3. Mailing Address 12071 BLACKFOOT TR.		 01042007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. 31		Suite, Apt. #, etc. 			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL			
Zip Country 32223 USA		Zip Country 32223 USA			
4. FEI Number 51-0603745				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MURRILL, MITZIE M. 12058 SAN JOSE BLVD., #301 JACKSONVILLE, FL 32223	
7. Name and Address of New Registered Agent Name 					
Street Address (P.O. Box Number is Not Acceptable) 12071 BLACKFOOT TR					
City State Zip Code JACKSONVILLE FL 32223					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	<input type="checkbox"/> Delete NAME MURRILL, MITZIE M		TITLE PRESIDENT, T. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 12071 BLACKFOOT TRAIL	CITY-ST-ZIP JACKSONVILLE, FL 32223		NAME MITZIE M. MURRILL	STREET ADDRESS 12071 BLACKFOOT TRAIL	
CITY-ST-ZIP JACKSONVILLE, FL 32223			CITY-ST-ZIP JACKSONVILLE, FL 32223	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: 			MITZIE M. MURRILL DIRECTOR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 01/11/07 (904) 260-1725		