


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90173 002 \*\*\*150.00

**60032949**



<b>DOCUMENT # P07000115990</b>					
1. Entity Name INTERNATIONAL ACQUISITIONS, INC.					
Principal Place of Business 1776 RINGLING BLVD. SARASOTA, FL 34236			Mailing Address 1776 RINGLING BLVD. SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 2042 Bee Ridge Road			3. Mailing Address 2042 Bee Ridge Road		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Sarasota, Florida			City & State Sarasota, Florida		
Zip 34239		Country USA		4. FEI Number  <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03202008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KIRTLEY, WILLIAM T 1776 RINGLING BLVD. SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				2042 Bee Ridge Road	
				City Sarasota FL 34239	
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 <i>William T. Kirtley</i> <small>Signature, typed or printed name of registered agent and title, if applicable.</small>				William T. Kirtley <small>(NOTE: Registered Agent signature required when reinstating)</small>	
				DATE 3/25/08	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/T/D <input type="checkbox"/> Delete Ronald Shenkin 1717 Second Street, Suite D Sarasota, FL 34236				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/25/08 <small>Date</small> 941-364-9915 <small>Daytime Phone #</small>	