FILED Apr 29, 2008 8:00 am Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P07000130744 1. Entity Name HUMAN INNOVATION INTERNATIONAL INC.				40000		130		
Principal Plac	e of Business	Mailing Address						
1426 OVERLOOK DR. MT DORA, FL 32757		PO BOX 2003 MT DORA, FL 32756		111111111111111111111111111111111111111	65			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				Account		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe	<u> 244304</u>	Ar No	oplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	See Require		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent		
			Name	Name				
LESLIE, JAMES D. 1426 OVERLOOK DR. MT DORA, FL 32757			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
	named entity submits this statement folions of registered agent.	r the purpose of changing its r	egistered office or regist	ered agent, or bot	h, in the State of Flor	ida. I am familiar with,	and accept	
, SIGNATURE_								
SIGNATURE.	Signature, typed or printed name of registered agent a	and tide if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)		DATE		
				*				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		5.00 May Be ided to Fees				
		Trust Fund Contri		ided to Fees	CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11	
After Ma	ay 1, 2008 Fee will be \$550.0	Trust Fund Contri	bution. Ad	ided to Fees	CHANGES TO OFFIC	CERS AND DIRECTORS	S IN 11	
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22. In erreby certary that the information supplied with this failing does not quality for the exemptions contained in Chapter 119, Florida Statutes: I further certary 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:

MOMENT D. SOUND OF PRINTED NAME OF SLOSUNG OFFICER OR DIRECTO

4-25-2008

1-301-863-2808

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Daytime Phone #