

**FOR PROFIT CORPORATION
ANNUAL REPORT**


For Office Use Only

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FILED

09 MAR 18 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000040448 1. Entity Name SIMMONS INTERNATIONAL INVESTMENTS, INC	
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2. Principal Place of Business - No P.O. Box # 2325 COSTA VERDE BLVD.	3. Mailing Address 2325 COSTA VERDE BLVD.
Suite, Apt. #, etc. SUITE #102	Suite, Apt. #, etc. SUITE #102
City & State JACKSONVILLE BEACH, FL	City & State JACKSONVILLE BEACH, FL
Zip 32250	Country USA
Zip 32250	Country USA

CR2E034B (11/08)

4. FEI Number 26-2594129	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name DENISE CARPENTER	
	Street Address (P.O. Box Number is Not Acceptable) 2325 COSTA VERDE BLVD. SUITE #102	
	City JACKSONVILLE BEACH	Zip Code FL 32250

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BURMA HELLENBECK 2333 COSTA VERDE BLVD. SUITE #202 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURE DENISE CARPENTER 2325 COSTA VERDE BLVD. SUITE #102 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR DANNY SIMMONS 3017 ROCKFORD FALLS DRIVE SOUTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered

SIGNATURE: Danny Simmons DANNY SIMMONS 3-11-09 (904) 249-6422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANAGING DIRECTOR

2/18/09