FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90027 026 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000036966

1. Entity Name
SANSON INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4004 128 STREET W #904 CORTEZ, FL 34215	4004 128 STREET W #904 CORTEZ, FL 34215

04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4104 128th Street W.		4104 128th Street W.	
Suite, Apt. #, etc.: Apt #705		Suite, Apt. #, etc.: Apt #705	
City & State: Cortez, FL		City & State: Cortez, FL	
Zip: 34215	Country:	Zip: 34215	Country:

4. FEI Number: 13-1922426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANSON, WILLEM M 4004 128 STREET W #904 CORTEZ, FL 34215	Name: Sanson, Karen Street Address (P.O. Box Number is Not Acceptable): 4104 128th Street W. Apt #705 City: Cortez FL Zip Code: 34215

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: Karen Sanson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	PD SANSON, WILLEM M 4004 128 STREET W #904 CORTEZ, FL 34215	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SANSON, KAREN 4004 128 STREET W #904 CORTEZ, FL 34215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sanson, Karen 4104 128th Street W. Apt #705 ~~Cortez, FL 34215~~	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Karen Sanson KAREN SANSON 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #