## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 22, 2006 8:00 am Secretary of State

DOCUMENT # P9400036966  1. Entity Name SANSON INTERNATIONAL, INC.							05-22-2006	90043 04	7 ***150	).00
Principal Place of Business Mailing Address						-	· <del>-</del> .			
4104 128 S1	REET W	4104 128 STREET W								
APT 705		APT 705				• .				
CORTEZ, FL 34215		CORTEZ, FL 34215					11 <b>20100</b> HUM <b>2</b> 111		(89) N (98)	
2. Principal Ptace of Business		3. Mailing Address		}						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				05102006	Chg-P	CB2E03	4 (11/05)	
Ch. 2 Chair		City & State							· , ,	-N-d Fee
City & State		City & State				4. FEI Numbe				plied For t Applicable
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired			8.75 Add	
	6. Name and Address of Current Registered Agent		<u></u>	<u> </u>	l	7. Name and	Address of New R		ee Require	<u> </u>
				Name				-9		
SANSON, KAREN				Street Address (P.O. Box Number is Not Acceptable)						
4104 128 STREET W APT 705										
CORTEZ, FL 34215										
				City	FL Zip Code					
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										
Signature, typed or printed harms of registered agent and bite if applicable. (NOTE: Registered Agent signature required when remstating)  DATE										
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Final Trust Fund Contribution.				ncing		00 May Be ed to Fees	In accordance v corporation did	with s. 607. not receive	193(2)(b), the prior r	F.S., the notice.
10. OFFICERS AND DIRECTORS 11.						ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	
TITLE			TITU						Change	Addition
NAME	SANSON, KAREN NA									
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP						
TITLE	Delete IIII						**		☐ Change	☐ Addition
NAME		∟ veicte	NAM						CI Chiange	LJ AOGRON
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	E					☐ Change	Addition
NAME			NAM	iE .						
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP				·ST-ZIP						
TITLE		Defete	TITLE						Change	Addition
NAME STREET ADORESS			MAM	EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE	- 1	☐ Delete	TITLE	E					Change	☐ Addition
NAME			MAM	IE						
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			ÇITY	'-ST-ZIP						
TITLE		☐ Delete	TITL						☐ Change	Addition
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				et address '-st-zip						
	Lentify that the information supplied wi		ntaine d	Lin Chapter 110	Florida Statute -	further so-	he that the :-	Marmation		
I IA. I HETEDY	cerany area and anomination supplied w	na ra na minuju∪es not quality t	U 1118 8X	モロヤンけいち じひ	н панне0	ini Onapier 118	, i (UIIU <i>a</i> 3181U885.	i igreier Geril		nottration.

2. 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 tristee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

117/06

Daytime Phone #