


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90015 041 ***150.00

DOCUMENT # P96000006869	
1. Entity Name INTERNATIONAL BROKERAGE FACILITIES, INC.	

Principal Place of Business 709 KEYVILLE RD. E. LITHIA, FL 33567	Mailing Address P.O. BOX 229 LITHIA, FL 33547-0229
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2. Principal Place of Business - No P.O. Box # 110 W. REYNOLDS ST.	3. Mailing Address 110 W. REYNOLDS ST
Suite, Apt. #, etc. Suite # 109	Suite, Apt. #, etc. Suite # 109
City & State PLANT CITY, FL	City & State PLANT CITY, FL.
Zip 33563	Zip 33563
Country USA	Country USA



04202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3357654	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALBERTSON, PAULA K 110 W. REYNOLDS ST., STE. 104 PLANT CITY, FL 33563	7. Name and Address of New Registered Agent Name ALBERTSON, PAULA K. Street Address (P.O. Box Number is Not Acceptable) 110 W. REYNOLDS ST SUITE # 109 City PLANT CITY FL Zip Code 33563
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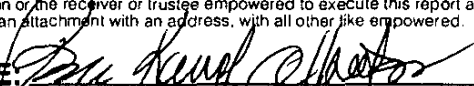
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S ALBERTSON, PAULA KAMPF 709 KEYVILLE RD. E. LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S ALBERTSON, PAULA KAMPF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 W. REYNOLDS ST - SUITE # 109 PLANT CITY FL 33563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  **PAULA KAMPE ALBERTSON**

Date: **4-20-07** Daytime Phone #: **813-707-0892**