2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90103 024 ***150.00

1. Entity Name INTERNATIONAL MANUFACTURING, INC.					#פפ ו תונו		
Principal Place of Business 2 SEABOARD AVENUE LAKE WALES, FL 33853		Mailing Address POST OFFICE BOX 3627 LAKE WALES, FL 33853		The state of the s	40101327		
•	Tace of Business - No P.O. Box # OODLAWD AVE #. etc.	3. Mailing Address P.O. Boy 124 W M. Hart Wood Away Alfe F. Suite, Apt. #, etc.		4 W HUAL Y WAR	Chg-P	CR2E034 (12/0	6)
City & Stat		City & State WAVEZLY, FL		4. FEI Numb			Applied For Not Applicable
Zip Country 33877 USA		Zip 33877	Country		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			
BATSON, LYNWOOD E. 2 SEABOARD AVE LAKE WALES, FL 33853				Street Address (P.O. Box Number is Not Acceptable) 401 WOODLAWN DIE			
•			City	AVEZLY		FL Zip C	ode 877
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 name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees			
10.	OFFICERS AND		11.			ICERS AND DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP	BATSON, LAMAR 2 SEABOARD AVE LAKE WALES, FL 33853	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		AUD AVE	⊠ Chang	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP BATSON, LYNWOOD E. 2 SEABOARD AVE LAKE WALES, FL 33853	□ Oclete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAVEZLY, 1 PO BOY 12 HOI WOODL WAVEZLY, M	AND AVE	<u>e</u>	e Addition
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12. I hereby o	certify that the information supplied with	this filing does not qualify to	r the exemptions	contained in Chapter 11	9, Florida Statutes. I	further certify that the	e 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.