


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90003 021 ***150.00

DOCUMENT # P97000007588	
1. Entity Name EXECUTIVE FOCUS INTERNATIONAL, INC.	

Principal Place of Business 21 LOST BEACH LANE VERO BEACH, FL 32963 US	Mailing Address 21 LOST BEACH LANE VERO BEACH, FL 32963 US
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2. Principal Place of Business - No P.O. Box # 4731 HIGHWAY A1A	3. Mailing Address P.O. Box 648007
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BEACH FL	City & State VERO BEACH FL
Zip 32963	Zip 32964-8007
Country	Country



02132008 Chg-P CR2E034 (12/06)

4. FEI Number 22-2467700	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 HERSON, ROBERT 21 LOST BEACH LANE VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name SAMUEL A. BLOCK Street Address (P.O. Box Number is Not Acceptable) 21 ROYAL PALM POINTE SUITE 100 City VERO BEACH FL Zip Code 32960
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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 *Samuel A. Block* **SAMUEL A. BLOCK** *2/25/08*
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, 2008 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	PTD HERSON, ROBERT J 21 LOST BEACH LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERSON, ROBERT J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4731 HIGHWAY A1A VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HERSON, DIANE K 21 LOST BEACH LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HERSON, DIANE K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4731 HIGHWAY A1A VERO BEACH FL 32963
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
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: *Robert Herson* **ROBERT HERSON** *2/19/08* **772-231-3158**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #