## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000020872

TOSCANO, ROCCO

13181 NW 19TH ST

PEMBROKE PINES, FL 33028

Name:

Address:

City-St-Zip:

Entity Name: INTERNATIONAL LAND CONSULTANTS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
4400 N. FEDERAL HWY			143 HAWKS BLUFF ROAD		
#35 BOCA RATON, FL 33431			SPENCER, TN 385	85	
	lailing Addres		New Mailing Address:		
ourient maining Address.			110 William By Marie 221		
4400 N. FEDERAL HWY #35 BOCA RATON, FL 33431			143 HAWKS BLUFF ROAD SPENCER, TN 38585		
	: 65-0742111	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
		.,		• •	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TOSCANO, ROCCO L 4400 N. FEDERAL HWY 35 BOCA RATON, FL 33431 US			TOSCANO, ROCCC 13181 NW 19TH ST PEMBROKE PINES,		
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				04/16/2009	
	Electron	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	TOSCANO, RO 13181 NW 19T		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TOSCANO, RO 13181 NW 19T		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TOSCANO, RO 13181 NW 19T		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROCCO LOUIS TOSCANO PRES 04/16/2009