2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071626

5321 PILOTS PLACE

NEW PORT RICHEY, FL 34652

Address:

City-St-Zip:

Entity Name: FUSION INTERNATIONAL, INC.

FILED Apr 05, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	TS PLACE RT RICHEY, FL	34652	US		2623 GRAND BOULE SUITE 203 HOLIDAY, FL 34690		RD US	
Current Mailing Address:					New Mailing Address:			
7143 STATE ROAD 54					2623 GRAND BOULEVARD			
#112 NEW POR	RT RICHEY, FL	34653	US		SUITE 203 HOLIDAY, FL 34690	L	JS	
FEI Number:	: 59-3474307	FEI Num	nber Applied For()	FEI Nui	mber Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
2708 ALT. SUITE 701 PALM HAF	RBOR, FL 3468							
	e named entity s e of Florida.	submits tr	is statement for the p	purpose c	of changing its registere	ed of	fice or registered agent, or both,	
SIGNATU	RE:							
Electronic Signature of Registered Agent					Date			
Election Car	mpaign Financing	Trust Fur	nd Contribution ().					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PRES () MOORE, NORB 5321 PILOTS P NEW PORT RIC	LACE	34652		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SOLOMON, SEI P O BOX 16346 CLEARWATER,	i	;		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name:	S/T () AUGE, VICTORI	Delete IA			Title: Name:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: VICTORIA AUGE S/T 04/05/2005