2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000098033

1. Entity Name
INTERNATIONAL FORWARDERS INC

Principal Place of Business	Mailing Address
501-C INDUSTRIAL ST. LAKE WORTH, FL 33461	501-C INDUSTRIAL ST. LAKE WORTH, FL 33461

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

01122006   Chg-P   CR2E034 (11/05)

Zip	Country	Zip	Country

4. FEI Number **65-0915358**   Applied For / Not Applicable

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
ATWELL, CHRISOPHER L 7541 KINGSLEY CT LAKE WORTH, FL 33467	Name *ATWELL, NEVILLE* Street Address (P.O. Box Number is Not Acceptable) *501-C INDUSTRIAL STREET* City *LAKE WORTH* FL Zip Code *33461*

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 _NEVILLE ATWELL, DIRECTOR_   Date _02-02-06_

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ATWELL, CHRISTOPHER L		NAME		
STREET ADDRESS	7541 KINGSLEY CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ATWELL, NEVILLE G		NAME		
STREET ADDRESS	6435 BRANCHWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ATWELL, ELIZABETH S		NAME		
STREET ADDRESS	7541 KINGSLEY CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _NEVILLE ATWELL_   _02-02-06_ _561-588-6535_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #