## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered. N. Americ

SIGNATURE:

NELLIE

## Jan 12, 2006 8:00 am **Secretary of State DOCUMENT # P98000103985** 01-12-2006 90168 010 \*\*\*158.75 CANEDCOM INTERNATIONAL CORP. Principal Place of Business Mailing Address 4190 STROMBOS RD 4190 STROMBOS RD VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01052006 Chg-P CR2E034 (11/05) 4190 STROM 4. FEI Number Applied For City & State City & State 65-0883103 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERIE, NELLIE E Street Address (P.O. Box Number is Not Acceptable) 24081 TREASURE ISLAND BLVD. PUNTA GORDA, FL 33955 4190 STROMBUS Zip Code 34293 CITY VENICE 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. V. PRESIDENT JAN 06 2006 NELLIE AMERIE SIGNATURE Signature, typed or printe 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS V. PRESIDENT PDS TITLE Change ■ Addition TITLE □ Delete AMERIE NELLIE E. 4190 STROMBUS ROAD VENICE FL 34293 AMERIE, NELLIE G NAME NAME STREET ADDRESS 24081 TREASURE ISLAND BLVD. STREET ADDRESS PUNTA GORDA, FL 33955 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT AMERIE, ERNEST R. 4190 STROMBUS ROAD Change ☐ Addition TITLE ☐ Delete TITLE AMERIE, EARNEST R MAME STREET ADDRESS 24081 TREASURE ISLAND BLVD. STREET ADDRESS 24293 VENICE FLORIDA CITY-ST-ZIP PUNTA GORDA, FL 33955 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ■ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

Jan 06 2006 9414969410