2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000003865

1. Entity Name
ALMAR INTERNATIONAL REFERRALS, INC.

Principal Place of Business	Mailing Address
1700 TAMIAMI TRAIL G1 PORT CHARLOTTE, FL 33948	1700 TAMIAMI TRAIL G1 PORT CHARLOTTE, FL 33948

DO NOT WRITE IN THIS SPACE

01192006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0889053

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE PAIVA, EDWARD
1700 G-1 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33948

DO NOT WRITE IN THIS SPACE

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 _ED ward de Paiva_   _Edward de Paiva_   _1/20/06_
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

TITLE	DPS
NAME	DE PAVIA, ELIZABETH
STREET ADDRESS	3418 DECK ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981

TITLE	DVP
NAME	PAIVA, ELIZABETH
STREET ADDRESS	3418 DECK ST
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000398922
02/01/06-80031-025 150.00

DO NOT WRITE IN THIS SPACE

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: _Elizabeth de Paiva_ _Elizabeth de Paiva_ _1/20/06_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #