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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000042230

1. Entity Name
FOUNTAIN INTERNATIONAL INVESTMENTS, INC.

FILED
07 MAY 14 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04302007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
7171 CORAL WAY SUITE 200 MIAMI, FL 33155 US	2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0917402 — 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
WORLD CORP SERVICES INC 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DPVP ☐ Delete OSORNO, HELDA 7171 CORAL WAY SUITE 200 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition $25/22
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ☐ Delete RICHARDS, TIMOTHY D 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400109589074 05/31/07--01007--009 **1100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ☐ Delete OSORNO, HELDA 7171 CORAL WAY SUITE 200 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Timothy D. Richards — 4/30/07 — (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #