## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 02, 2005 08:00 AM

ANNUAL REPORT					May UZ	, 2005 08:00	A
DOCUN 1. Entity Name	MENT # P99000066		Secretary of State				
	UNLIMITED INTERNATION	NAL, INC.					
Principal Place 1046 WHISPE CASSELBERRY	ERING COVE	Mailing Address 1046 WHISPERING COVE CASSELBERRY, FL 32707			KIN IBIR BURI BURI BRIK	i Xalis anna biyo biyo basa safaba ii taka	<b>E</b> i
D	O NOT WRITE		CE	04282005  4. FEI Number 59-3592: 5. Certificate of	No Chg-P	CR2E034 (10/03)  Applied For Not Applie  \$8.75 Additional Fee Required	or
6. Name and Address of Current Registered Agent PICARD, HELENE 1046 WHISPERING COVE CASSELBERRY, FL 32707			DO NOT WRITE IN THIS SPACE				
the obligation	named entity submits this statement for one of registered agent.  Signature, typed or printed name of registered agent at		ed office or registe	ور المراکزو راد المراکزو المراکزو راد المراکزو	in the State of Flor	rida. I am familiar with, and acc	zept
FILE After Ma	NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.0		ncing \$5	.00 May Be led to Fees			
NAME STREET ADDRESS	OFFICERS AND E PD PICARD, HELENE 1046 WHISPERING COVE CASSELBERRY, FL 32707	IRECTORS	- XX 67 : ******	<del>.</del>	U000003 05/03/05-{	955344 90145-001 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT W		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			-				
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify 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 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: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr:122, 2005

407-339-086)