2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084754

Entity Name: JOSLIN INTERNATIONAL, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1135 ALICIA RIDGE CT 3734, BRITAINSHIRE COURT KISSIMMEE, FL 34747 ORLÁNDO, FL 32837 LIS

Current Mailing Address: New Mailing Address:

1135 ALICIA RIDGE CT 3734, BRITAINSHIRE COURT KISSIMMEE, FL 34747 US ORLÁNDO, FL 32837

FEI Number: 59-3218000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

JOSLIN, LAURIE A JOSLIN, LAURIE A 1135 ALICIA RIDGE CT 3734,BŔITAINSHIRE COURT KISSIMMEE, FL 34747 US ORLÁNDO, FL 32837

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.

SIGNATURE: 05/01/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: JOSLIN, LAURIE A JOSLIN, LAURIE A Name: Name: 1135 ALICIA RIDGE CT 3734, BRITAINSHIRE COURT Address: Address: City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: ORLANDO, FL 32837

Title: VD () Delete Title: VD (X) Change () Addition Name: JOSLIN, PAMELA S Name: ANSLEY, ALAN

1135 ALICIA RIDGE CT Address: 4012, BROOK MYER COURT Address: KISSIMMEE, FL 34747 ORLANDO, FL 32837 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE A. JOSLIN PD 05/01/2006