


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S04424		
1. Entity Name INTERNATIONAL REAL ESTATE MARKETING, INC.		

Principal Place of Business 6304 JACK NICKLAUS PKWY WINDERMERE, FL 34786 US	Mailing Address P O BOX 921 WINDERMERE, FL 34786 US
---	---

2. Principal Place of Business 625 MAIN St. Suite, Apt. #, etc. SUITE 27 City & State WINDERMERE, FL Zip 34786 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---

6. Name and Address of Current Registered Agent SHEPPARD, III CLIFFORD B 111 S. MAITLAND AVENUE MAITLAND, FL 32751	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HARRIS, NEAL W. 11332 LAKE BUTLER BLVD WINDERMERE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Harris, Neal W. 11332 Lake Butler Blvd. Windermere, Fl. 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Sec/Treasurer Elizabeth W. Harris 11332 Lake Butler Blvd. Windermere, Fl. 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300081532273 11/07/06--01049--001 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Neal W. Harris 11/1/06 407-876-3031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

06 NOV -7 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10232006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3037069 Applied For
Not Applicable

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