2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# S45752

Entity Name: RIGEL INTERNATIONAL, INC.

Current Principal Place of Business:

22 CASARENA CRT
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 195
WINTER HAVEN, FL 33882 US

New Mailing Address:

FEI Number: 59-3062455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEOLI, RENATO
22 CASARENA CT
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: FEOLI, ADRIANO,
Address: P O BOX 7744
City-St-Zip: WINTER HAVEN, FL 33883

Title: VD ( ) Delete
Name: FEOLI, ADRIANO JR.,
Address: P O BOX 7744
City-St-Zip: WINTER HAVEN, FL 33883

Title: TD ( ) Delete
Name: FEOLI, JULIETA VILLE, GAS
Address: P O BOX 7744
City-St-Zip: WINTER HAVEN, FL 33883

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD ( ) Change (X) Addition
Name: FEOLI, RENATO,
Address: P O BOX 7744
City-St-Zip: WINTER HAVEN, FL 33883

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: FEOLI, ADRIANO PSD 02/09/2007

Electronic Signature of Signing Officer or Director Date