


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT # H36198</b>   |         |       |         |
| 1. Entity Name<br><b>INTERNATIONAL BUILDING INVESTMENTS INC.</b>   |         |  |         |
| Principal Place of Business<br><b>5011 W HILLSBORO BLVD<br/>COCONUT CREEK FL 33073-4306<br/>US</b>   |         | Mailing Address<br><b>5011 W HILLSBORO BLVD<br/>COCONUT CREEK FL 33073-4306<br/>US</b> |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |
| 6. Name and Address of Current Registered Agent<br><b>LAWRENCE, JAMES<br/>5011 W HILLSBORO BLVD<br/>COCONUT CREEK FL 33067</b>   |         | 7. Name and Address of New Registered Agent  |         |
| Name   |         | Name   |         |
| Street Address (P.O. Box Number is Not Acceptable)   |         | Street Address (P.O. Box Number is Not Acceptable)                                     |         |
| City   |         | 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 re-registering) DATE _____   |         |  |         |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2664612** Applied For  Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May 1 Trust Fund Contribution.  Added to Fees

| 10. OFFICERS AND DIRECTORS |                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | V <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | LAWRENCE, JAMES                   | NAME  |  |
| STREET ADDRESS             | 5011 W HILLSBORO BLVD             | STREET ADDRESS  | UD0000420072   |
| CITY-ST-ZIP                | POMPANO BCH FL                    | CITY-ST-ZIP   | 02/15/06-80033-009 150.00                                    |
| TITLE                      | T <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | LENARD, THOMAS                    | NAME  |  |
| STREET ADDRESS             | 5011 W HILLSBORO BLVD             | STREET ADDRESS  | UD0000420072   |
| CITY-ST-ZIP                | POMPANO BCH FL                    | CITY-ST-ZIP   | 02/15/06-80033-010 8.75                                      |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                   | NAME  |  |
| STREET ADDRESS             |                                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                   | NAME  |  |
| STREET ADDRESS             |                                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       |                                   | NAME  |  |
| STREET ADDRESS             |                                   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **THOMAS LENARD** 1/31/06 954428 33  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR