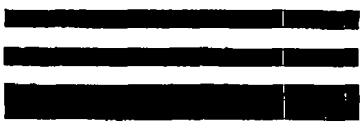


**2011 ANNUAL REPORT**  
**COMMONWEALTH OF VIRGINIA**  
**STATE CORPORATION COMMISSION**



① CORPORATION NAME  
 International Overseas Services

DUE DATE: **4/30/2011**  
 CORPORATION ID: **0464157-7**

② VA REGISTERED AGENT NAME AND ADDRESS: B.E. AUTH IN VIRGINIA.  
 HSC AGENT SERVICES, INC.  
 2331 MILL. ROAD  
 SUITE 100  
 ALEXANDRIA VA 22314

⑤ STOCK INFORMATION:

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE:  
 200 - ALEXANDRIA CITY

④ STATE OR COUNTRY OF INCORPORATION:  
 VA - VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑤ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: <b>1/6 SANFORD RD</b>	ADDRESS:
CITY/ST/ZIP: <b>DUBLIN VA</b>	CITY/ST/ZIP:

⑦ DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.  
 An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: <b>GEORGE JOSEPH PATRICK O'CONNOR</b> TITLE: <b>CEO</b> ADDRESS: <b>SENORIO DE MARBELLA, APT EL, ARAYANES MARBELLA MALAGA</b> CITY/ST/ZIP: <b>29600 ESPANA FN</b>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

G.S.S. O'Connor      G.J.P. O'CONNOR      4/27/2011  
 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT      PRINTED NAME AND TITLE      DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.