


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90180 022 \*\*\*150.00

**DOCUMENT # 316596**

1. Entity Name  
**SAMMNO INC**



Principal Place of Business <b>1818 NORTHWOOD TERR DR          P.O. BOX 149373          ORLANDO, FL 32814-9373 US</b>	Mailing Address <b>1818 NORTHWOOD TERR DR          P.O. BOX 149373          ORLANDO, FL 32814-9373 US</b>
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**60022291**



2. Principal Place of Business <i>1818 Northwood Terr Dr.</i>	3. Mailing Address <i>1818 Northwood Terr Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03022006 Chg-P CR2E034 (11/05)

City & State <i>Winter Park, FL</i>	City & State <i>Winter Park, FL</i>
Zip <i>32789</i>	Country <i>USA</i>
Zip <i>32789</i>	Country <i>USA</i>

4. FEI Number <b>59-1268053</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**SPELLMAN, VICTORIA V  
 1818 NORTHWOOD TERR DR  
 WINTER PARK, FL 32789**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD <input type="checkbox"/> Delete	NAME SPELLMAN, VICTORIA V
STREET ADDRESS 1818 NORTHWOOD TERR, DR	CITY-ST-ZIP WINTER PARK, FL 32789
TITLE D <input type="checkbox"/> Delete	NAME PANICO, JAMES P
STREET ADDRESS 725 LAKESYBELLIA DR.	CITY-ST-ZIP MAITLAND, FL
TITLE D <input type="checkbox"/> Delete	NAME PANICO, ROSE
STREET ADDRESS 725 LAKESYBELLIA DR.	CITY-ST-ZIP MAITLAND, FL
TITLE D <input type="checkbox"/> Delete	NAME SPELLMAN, VICTORIA
STREET ADDRESS 1818 NORTHWOOD TERR DR	CITY-ST-ZIP WINTER PARK, FL 32789
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

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: Victoria V Spellman Date 3-4-06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Victoria V. Spellman Daytime Phone # \_\_\_\_\_