
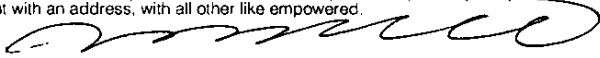


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90038 046 ***150.00

DOCUMENT # 530094					
1. Entity Name AVANTI INVESTMENTS, INC.					
Principal Place of Business 923 N. PENNSYLVANIA WINTER PARK, FL 32789			Mailing Address 923 N. PENNSYLVANIA WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-1755956	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHWARTZ, CHARLES 923 N. PENNSYLVANIA AVE. WINTER PARK, FL 32789			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWARTZ, CHARLES		NAME		
STREET ADDRESS	923 N. PENNSYLVANIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIS, LYNN		NAME		
STREET ADDRESS	923 N. PENNSYLVANIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRALAT, M		NAME	AS Kaboure K, Anne	
STREET ADDRESS	923 N. PENNSYLVANIA AVENUE		STREET ADDRESS	923 N. Pennsylvania Ave	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Winter Park, fl 32789	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOEB, DONALD		NAME		
STREET ADDRESS	22 ST. CLAIR AVE E #1700		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONT., CANADA,		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAPIRO, M		NAME		
STREET ADDRESS	923 N. PENNSYLVANIA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHERMAN, B.		NAME	AT Volosin, Bernadette	
STREET ADDRESS	923 N. PENNSYLVANIA AVENUE		STREET ADDRESS	923 N. Pennsylvania Ave	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Winter Park, fl 32789	
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: 			4/7/08		800-966-9993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #