


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M29268		
1. Entity Name SAMANNE, INC.		
Principal Place of Business C/O ANNE KESSELMAN ISLEWOOD B 37 DEERFIELD BEACH, FL 33442 US	Mailing Address SAM AND ANNE KESSELMAN ISLEWOOD B37 CVE DEERFIELD BEACH, FL 33442 US	
<b>DO NOT WRITE IN THIS SPACE</b>		



03072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2659022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent KESSELMAN, RICHARD M ISLEWOOD B37 CVE DEERFIELD BEACH, FL 33442	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	00000085333 03/11/04-80044-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KESSELMAN, RICHARD 6 PEACEFUL LANE WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KESSELMAN, ANNE ISLEWOOD B37 CVE DEERFIELD BEACH, FL 33442
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the same 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 my address, with all other like empowered.

**SIGNATURE:**  **3/8/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #