2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2008 08:00 AN Secretary of State DOCUMENT # P02000033413 1. Entity Name ANNÁTHEO, INC. Principal Place of Business Mailing Address 7412 PINEWALK DR SOUTH 7412 PINEWALK DR SOUTH MARGATE, FL 33063 MARGATE, FL 33063 CR2E034 (11/05) No Chg-P 04092008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0418636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WIRTZ, HEINZ 7412 PINEWALK DR SOUTH MARGATE, FL 33063 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE 000000932753 05/22/08-80066-021 150.00 HEINZ, WIRTZ 7412 PINE WALK DR. SOUTH STREET ADDRESS POMPANO BEACH, FL 33063 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: 🗻

STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP

> Hein 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED