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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000042190

1. Entity Name

AMARIS CAPITAL CONSULTANTS, INC.



FILED Apr 09, 2005 08:00 AM Secretary of State

Principal Place of Business

. Mailing Address

3705 OCEAN DRIVE

VERO BEACH, FL 32963 US

P.O. BOX 3325

.- VERO BEACH, FL 32964-3325 US



04072005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0495817 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMINE, CAROL 3705 OCEAN DR VERO BEACH, FL 32963

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8. The above the obligate SIGNATURE	tions of registered agent.			ooth, in the State of Florida. I am familiar with, and accept
	Signature, types or profiled name of requelered signed and title		istened Agent signature required when substatings	CA*E
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	 Election Campaign F Trust Fund Contribut 	Financing \$5.00 May Be tion. Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIF	P BEARD, DONALD E 3705 OCEAN DRIVE VERO BEACH, FL			U00000295814 04/09/05-80039-024 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ROMINE, CAROL 3705 OCEAN DRIVE VERO BEACH, FL			1147119705-80039-024 158.75
Title Name Street address City-St-Zip			DO	NOT WRITE
title Name Stheet Address City-St-Zip			IN	THIS SPACE
TITLE Name Street address City-St-Zif				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with this file			

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05 772234030