## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000000626

**Entity Name: AMANTE CORPORATION** 

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
2425 E. COMMERCIAL BLVD., SUITE 308 FORT LAUDERDALE, FL 33308				233 COMMERCIAL BLVD., SUITE B LAUDERDALE BY THE SEA, FL 33308	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
2425 E. COMMERCIAL BLVD., SUITE 308 FORT LAUDERDALE, FL 33308				233 COMMERCIAL BLVD., SUITE B LAUDERDALE BY THE SEA, FL 33308	
FEI Number	: 42-1657117	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
DENIGRIS, EDWARD 2425 E. COMMERCIAL BLVD., SUITE 308 FORT LAUDERDALE, FL 33308 US			233. COMMERCIA	DENIGRIS, EDWARD 233. COMMERCIAL BLVD., SUITE B LAUDERDALE BY THE SEA, FL 33308 US	
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE:				04/24/2007	
	Electror	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DENIGRIS, ED 340 SUNSET D		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VCS (X KNAUSS, MICH 5686 N. 103RD OMAHA, NE 68	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X HASSE, FRED 481 NAISMITH EUGENE, OR		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	OYINLOYE, ĴO 1520 S. BIRCH		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D (X KERRIGAN, JA 4415 MORATO		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EDWARD DENIGRIS CP 04/24/2007

City-St-Zip: CLEMMONS, NC 27012