

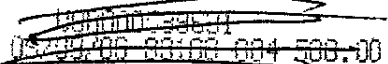
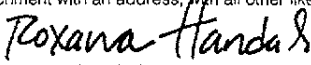


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M18801</b> 1. Entity Name ANTHONY INTERNATIONAL CORP.			
Principal Place of Business 9399 WADE BLVD SUITE 7104 FRISCO, TX 75035-2199 US		Mailing Address 9399 WADE BLVD SUITE 7104 FRISCO, TX 75035-2199 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		04272006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2707212		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PERDOMO, MILAGROS 231 ALTARA AVE CORAL GABLES, FL 33146		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ U00000543722 05/11/06-80005-004 150.00 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  05/11/06 08:00 004 500.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TS DE HANDAL, JULIETA 9399 WADE BLVD SUITE 7104 FRISCO, TX 750352199	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D HANDAL, ROXANA 12433 S.W. 94TH LANE MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
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: 		Roxana Handal 04/26/2006 305-448-1648	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	