2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008546

Entity Name: AMAZONIAN PROJECT, INC.

Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10 SW SOUTH RIVER DR **APT 1410** MIAMI, FL 33130

New Mailing Address: Current Mailing Address:

10 SW SOUTH RIVER DR APT 1410 MIAMI, FL 33130 US

FEI Number: 26-0095050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALLENILLA, ADRIAN MR 10 SW SOUTH RIVER DR APT 1410 MIAMI, FL 33130 US

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.

SIGNATURE:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

VALLENILLA, ADRIAN MR

MIAMI, FL 33130 US

10 SW SOUTH RIVER DRIVE APT 1410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: () Delete () Change () Addition BLANCO, LUIS MR Name: Name: URBANIZACION LA TRINIDAD CALLE SAN PEDRO Q Address: Address: City-St-Zip: MUNICIPIO BARUTA CARACAS, MB VE City-St-Zip: Title: VCD Title: () Delete () Change () Addition Name: TREMINO, ANTONIO MR Name: Address: 322 WEST 57 ST #24-T Address: City-St-Zip: NEW YORK, NY 10019 US City-St-Zip: Title: () Delete Title: () Change () Addition GORNES, ORION MR Name: Name: Address: 1478 NW TERRACE Address: City-St-Zip: PLANTATION, FL 33322 US City-St-Zip: Title: () Delete Title: () Change () Addition MENDEZ, OFELIA S MISS Name: Name: CALLE LA ARBOLEDA QUINTA #11 ANEXO D Address: Address: City-St-Zip: LA CAMPINA CARACAS VENEZUELA, DF VE City-St-Zip: Title: Title: () Delete () Change () Addition PICCO, FRANCESCO MR Name: Name: CALLE A3 1-1 QUINTA SAN RAFAEL LA LAGUNITA Address: Address: City-St-Zip: CARACAS MUNICIPIO BARUTA, MB VE City-St-Zip: Title: () Delete Title: () 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ADRIAN VALLENILLA Ρ 04/27/2006