

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001762

FILED
Apr 26, 2007
Secretary of State

Entity Name: AMARANTHINE, INC.

Current Principal Place of Business:

4186 PAMONA AVE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

4186 PAMONA AVE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 91-1976214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSCH, SCHERLEY
4186 PAMONA AVE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KEMPLER, ELLEN
Address: 7090 SW 48 LANE
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: YELEN, JAN A
Address: 1104 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: FREEDMAN, ANNE
Address: 10401 SW 82 COURT
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: TRIPATHY, SATS
Address: 11045 GIRASOL AVENUE
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: O'SULLIVAN, MARY JO
Address: 14265 SW 73 STREET
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JAN A YELEN

T

04/26/2007

Electronic Signature of Signing Officer or Director

Date