2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001762

Entity Name: AMARANTHINE, INC.

FILED Aug 21, 2008 Secretary of State

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

4186 PAMONA AVE

COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

4186 PAMONA AVE

COCONUT GROVE, FL 33133

FEI Number: 91-1976214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BUSCH, SCHERLEY 4186 PAMONA AVE

COCONUT GROVE, FL 33133 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 KEMPLER, ELLEN
 Name:
 CROWELL, ELSIE

 Address:
 7090 SW 48 LANE
 Address:
 3490 GARDENVIEW WAY

 Address:
 7090 SW 48 LANE
 Address:
 3490 GARDENVIEW WAY

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: T () Delete Title: D (X) Change () Addition

 Name:
 YELEN, JAN A
 Name:
 EISENBERG, STEVEN

 Address:
 1104 PONCE DE LEON BOULEVARD
 Address:
 7150 SW 110TH TERRACE

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 MIAMI, FL 33156

Title: PD () Delete Title: D (X) Change () Addition

Name: FREEDMAN, ANNE Name: OSMAN, EDITH

Address: 10401 SW 82 COURT Address: 808 BRICKELL KEY DRIVE

City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33131

Title: PD (X) Delete Title: () Change () Addition

 Name:
 TRIPATHY, SATS
 Name:

 Address:
 11045 GIRASOL AVENUE
 Address:

 City-St-Zip:
 CORAL GABLES, FL
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 O'SULLIVAN, MARY JO
 Name:

 Address:
 14265 SW 73 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33183
 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: SCHERLEY BUSCH RA 08/21/2008