2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121814

Current Principal Place of Business:

Entity Name: SERENITY TECHNOLOGIES INC.

FILED Apr 14, 2006 Secretary of State

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

274 WILSHIRE BLVD. STE. 232 CASSELBERRY, FL 32707 US	6094 WESTGATE DR. STE. 102 ORLANDO, FL 32835	US
Current Mailing Address:	New Mailing Address:	
274 WILSHIRE BLVD. STE. 232 CASSELBERRY, FL 32707 US	6094 WESTGATE DR. STE. 102 ORLANDO, FL 32835	US
FEI Number: 46-0515111 FEI Number Applied For () FEI I	Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of N	lew Registered Agent:
Name and Address of Current Registered Agent: FOLAYAN, BENJAMIN 6450 LAKE PEMBROKE PL ORLANDO, FL 32829 US	Name and Address of N CAMILLE, TAVARES 6094 WESTGATE DR. STE. 102 ORLANDO, FL 32835 U	G G
FOLAYAN, BENJAMIN 6450 LAKE PEMBROKE PL	CAMILLE, TAVARES 6094 WESTGATE DR. STE. 102 ORLANDO, FL 32835 U	S

New Principal Place of Business:

OFFICERS AND DIRECTORS:

Election Campaign Financing Trust Fund Contribution ().

() Change () Addition Title: DCFO () Delete Title: FOLAYAN, BENJAMIN Name: Name: 6450 LAKE PEMBROKE PL Address: Address: City-St-Zip: ORLANDO, FL 32829 City-St-Zip: Title: DCIO (X) Delete Title: () Change () Addition

 Name:
 MILLER, BYRON
 Name:

 Address:
 14050 DEEP LAKE DR.
 Address:

 City-St-Zip:
 ORLANDO, FL 32826
 City-St-Zip:

Electronic Signature of Registered Agent

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

 Name:
 MILLER, BYRON
 Name:

 Address:
 14050 DEEP LAKE DR.
 Address:

 City-St-Zip:
 ORLANDO, FL 32826
 City-St-Zip:

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.

SIGNATURE: CAMILLE TAVARES RA 04/14/2006