## 2006 FOR PROFIT CORPORATION

## **FILED** Apr 17, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P02000014950 1. Entity Name IMANI INVESTMENTS, INC. Principal Place of Business Mailing Address 213 FLAME AVE 213 FLAME AVE MAITLAND, FL 32751 MAITLAND, FL 32751 04122006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0400745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOORE, BENJAMIN H CPA DO NOT WRITE 720 N. MAITLAND AVE. MAITLAND, FL 32751 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000312961 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 04/29/06-80111-016 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROBINSON, KIMBERLY G HAME STREET ADDRESS 213 FLAME AVE CITY-ST-ZIP MAITLAND, FL 32751 TITLE ROBINSON, DAVID N MAME STREET ADDRESS 213 FLAME AVE MAITLAND, FL 32751 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE र (सा NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attactiment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO.

inberg G. Robinson 4-1106 4