2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097164

Entity Name: AMATHEON, INC

City-St-Zip: MIAMI, FL 33131

FILED Jan 06, 2009 Secretary of State

| • | | , | | | |
|---|--------------------------------------|----------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
| 4981 S.W. MIAMI, FL | . 74 COURT 33155 | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 4981 S.W. MIAMI, FL | 74 COURT 33155 | | | | |
| FEI Number | : 14-1845298 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 11790 SW | A, CHRISTOPI 61 COURT 33156 US | | | | |
| The above in the State | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Ca | mpaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | SCHAFER, ST | HARBOR DRIVE, #2207 | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: City-St-Zip: | • | | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: Name: Address: | DICRISCI, RO |) Delete BERT A | Title: (Name: Address: |) Change ()Addition | |

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHRISTOPHER YANKANA CFO 01/06/2009