

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103638

FILED
Apr 13, 2006
Secretary of State

Entity Name: SAINT ANTONIO'S INVESTMENTS INC.

Current Principal Place of Business:

2227 KENT PLACE
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

2227 KENT PLACE
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 22-3873121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BISHARA, MACARI M
2227 KENT PLACE
CLEARWATER, FL 33764 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BISHARA, MACARI M
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764 US

Title: PD () Delete
Name: BISHARA, MAGDA K
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764 US

Title: D () Delete
Name: HANNA, MIRANDA
Address: 3509 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D () Delete
Name: CANTRELL, WILLIAM K
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764 US

Title: D () Delete
Name: BISHARA, MAGDA
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: HANNA, ASHRAF
Address: 3509 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: BISHARA, MAGDA K
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764 US

Title: PD (X) Change () Addition
Name: BISHARA, MACARI M
Address: 2227 KENT PLACE
City-St-Zip: CLEARWATER, FL 33764 US

Title: T (X) Change () Addition
Name: HANNA, MIRANDA
Address: 3509 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684 US

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 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: MACARI M. BISHARA

PD

04/13/2006

Electronic Signature of Signing Officer or Director

Date