2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

1/75/04

DOCUMENT # P03000023670 1. Entity Name ANNA, INC.						01-20-2004 90040 016 ***150.00					
Principal Place of Business Mailing Address				··							
1930 HILLVIE	EW STREET	1930 HILLVIEW STREET									
SARASOTA, F	L 34239	SARASOTA, FL 34239									
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2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01142004	Chg-P	CR2E03	4 (10/03)		
City & State		City & State				4. FEI Number	2100439	7		plied For t Applicable	
Zip	Country	Zip	Cour	ntry		5. Certificate of	of Status Desired		8.75 Add		
	6. Name and Address of Current F	gistered Agent			-	7. Name and Address of New Registered Agent					
					Name						
2033 MAIN	THEODORE ESQ STREET STE 100	Street A			dress (P	Iress (P.O. Box Number is Not Acceptable)					
SARAGUII	A, FL 34237		1 141								
				City				FL	Zip Code		
The above the obligati	named entity submits this statement for ons of registered agent; however, 1900 to 1800 agent agent which constrains with	the purpose of changing its	register	ed office or	registere	d agent, or both	, in the State of Flor	ida: I am fa	miliar with,	and accept	
	 รู อัฐเกลสุกเราัยตอน ระกาธิการ พระ ราการและ การสาราชาวิทยาลาสาราชาวิทยาลสาราชาวิทยาลาสาราชาวิทยาลสาราชาวิทยาลาสาราชาวิทยาลสาราชาวิทยาลสาราชาวิทยาลสาราชาวิทยาลสาราชาวิทยาลสาราชาวิทยาลสาราชาวิทยาลสาราชาวิทยาลสาราชาวิทยาล	Haramed deas not quely ver	,19 - e		id in Sec	130 119 07/3/0	Clour's Statutes 11	4		dirimmaniam myaniam in anal E ani and c d'anish	
SIGNATURE:	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Register	્રી-" ed Agent aignatu	re required v	when reinstating)		DATE		!	
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CITY-ST-ZIP	was a property to the control of the	يولون در دور المارية ا		Y-ST-ZIP							
12. I hereby o	pertify that the information supplied with on this report or supplemental report is	this filing does not qualify for	the exe	mption stat	ted in Sec	ction 119.07(3)(i), Florida Statutes. I	further cert	ify that the in	nformation	
of the cor	on this report or supplemental report is poration or the receiver or trustee emporarion or the second of the secon	wered to execute this report	as requ	uure shall ha ired by Cha	ave the s opter 607	ame legal elleci , Florida Statute:	as if made, under o s; and that my name	ath; that I a appears in	m an officer i Block.10 oi	or director. r Block 11 if .	

CISANSONE