## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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## FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90306 004 \*\*\*158.75

DOCUMENT # P0400082574  1. Entity Name AMONET HEALTHCARE INTERNATIONAL, INC.							90300 004	136./3	
Principal Place of Business 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881 US		Mailing Address 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881 US				#### <b>#### ####</b> #######################	- 1,	12597 M.M.M.M	
2. Principal Place of Business 3434 KNIGHTS S	TATION ROAD	3. Mailing Address	415 STA	ILONIS RO					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112005	Chg-P	CR2E034 (10	0/03)	
City & State  LAKELAND FLORIDA		City & State LAKELAND FLORIDA			4. FEI Numbe	26-011	2262	Applied For Not Applicable	
	Country		Country	rv		of Status Desired		5 Additional equired	
	Address of Current	Registered Agent	<u> </u>	271	7. Name and	Address of New Re		squireo	
GOVONI & ASSOCIATES, INC.				Name Dr Amos AKINOLA					
505 AVENUE A, NW				treet Address (	P.O. Box Number	er is Not Acceptable)			
SUITE 102 WINTER HAVEN, FL 33881				3434 KNIGHIS STATION ROAD					
					ELAN		F) Zi	Code	
8. The above named entity sub		r the purpose of changing i	ts registered o			<del></del>		r with, and accept	
the obligations of registered	agent.	••				nu.	15/05		
SIGNATURE Signature, typed or prin	ted name of registored agent	and title if applicable. (NC	TE: Registered Age	nt signature required	when reinstating)		DATE		
FILE NOWIII FE After May 1, 2005 Fe	E IS \$150,00 e will be \$550.	9. Election Camp Trust Fund Co	•		.00 May Be led to Fees	- 40			
10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO OFFIC	- 12		
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AB			NAME	Grie	BONS C	LUWAYEN	_	Carlo Carlo	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. 1 hereby certify that the infoincated on this report or of the corporation or the re	supptemental report is ceiver or trustee emp	□ Delete □ Delete	STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST- TITLE NAME STREET AL CITY-ST- TOT the exempt of the exempt of the symptomeral as required	DODRESS 36 CH DODRESS 36 CH DODRESS 36 CH DODRESS 2P CH DODRESS 2P CH DODRESS 2P	DICKER IMOLA A DICKER IGWELI MS IMOLA C DICKER IGWELI MS Same legal effect 7, Florida Statute	HS KISE L, ESSEY, ABIOLA HS KISE L, ESSEY, ULUWAKA HS KISE L, ESSEY, USE LITERATE AND LITERATE A	UK, IG7    CI   K, IG7   OB   CI   LK, IG7   OB   CI   CI   CI   CI   CI   CI   CI   CI	Addition  GNY  hange Addition  T GNY  hange Addition  If the information officer or director	