

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90306 004 ***158.75

DOCUMENT # P04000082574 1. Entity Name AMONET HEALTHCARE INTERNATIONAL, INC.					
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		
2. Principal Place of Business 3434 KNIGHTS STATION ROAD Suite, Apt. #, etc.			3. Mailing Address 3434 KNIGHTS STATIONS ROAD Suite, Apt. #, etc.		
City & State LAKELAND FLORIDA			City & State LAKELAND FLORIDA		
Zip 33810		Country USA		4. FEI Number 26-0112262	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GOVONI & ASSOCIATES, INC. 505 AVENUE A, NW SUITE 102 WINTER HAVEN, FL 33881			7. Name and Address of New Registered Agent Name Dr AMOS AKINOLA Street Address (P.O. Box Number is Not Acceptable) 3434 KNIGHTS STATION ROAD City LAKELAND FL Zip Code 33810		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: 04/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKINOLA, AMOS 36 DICKENS RISE CHIGWELL, ESSEX, UK 1G7 6NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AKINOLA JANET 36 DICKENS RISE CHIGWELL, ESSEX, UK, 1G7 6NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS OLUWAYEMISI 36 DICKENS RISE CHIGWELL, ESSEX, UK, 1G7 6NY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKINOLA ABIOLA 36 DICKENS RISE CHIGWELL, ESSEX, UK, 1G7 6NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A S AKINOLA OLUWAKAYODE 36 DICKENS RISE CHIGWELL, ESSEX, UK, 1G7 6NY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			04-15-2005 8638538484		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		