

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082574

FILED
May 01, 2006
Secretary of State

Entity Name: AMONET HEALTHCARE INTERNATIONAL, INC.

Current Principal Place of Business:

3934 KNIGHTS STATION RD
LAKELAND, FL 33810 US

New Principal Place of Business:

3434 KNIGHTS STATION RD
LAKELAND, FL 33810 US

Current Mailing Address:

3934 KNIGHTS STATION RD
SUITE 102
LAKELAND, FL 33810 US

New Mailing Address:

3434 KNIGHTS STATION RD
LAKELAND, FL 33810 US

FEI Number: 26-0112262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKINOLA, AMOS DR
3434 KNIGHTS STATION RD
LAKELAND, FL 33810 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: AKINOLA, AMOS
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL, ESSEX, UK 1G7 6NY UK

Title: V () Delete
Name: AKINOLA, JANET
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL ESSEX, UK 1G7 6NY

Title: DE () Delete
Name: GIBBONS, OLUWAYEMIS
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL ESSEX, UK 1G7 6NY

Title: D () Delete
Name: AKINOLA, ABIOLA
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL ESSEX, UK 1G7 6NY

Title: S () Delete
Name: AKINOLA, OLUWAKAYODE
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL ESSEX, UK 1G7 6NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/C (X) Change () Addition
Name: AKINOLA, AMOS
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL, ESSEX, UK 1G7 6NY UK

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GIBBONS, OLUWAYEMIS
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL ESSEX, UK 1G7 6NY

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: AKINOLA AMOS

P/C

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date