2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# P04000082574

Entity Name: AMONET HEALTHCARE INTERNATIONAL, INC.

Current Principal Place of Business:

3434 KNIGHTS STATION RD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

3434 KNIGHTS STATION RD
LAKELAND, FL 33810 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: P/C
Name: AKINOLA, AMOS
Address: 606 BIRKDALE STREET
City-St-Zip: DAVENPORT, FL 33897 US

Title: D
Name: GIBBONS, OLUWAYEMISI
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL ESSEX, UK 1G7 6NY UK

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

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

Title: D
Name: AKINOLA, YETUNDE
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL, ESSEX, UK IG76NY UK

Title: D
Name: AKINOLA, JANET
Address: 36 DICKENS RISE
City-St-Zip: CHIGWELL ESSEX, UK IG7 6NY UK

I hereby 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 all other like empowered.

SIGNATURE: AMOS AKINOLA P/C 02/23/2011

Electronic Signature of Signing Officer or Director Date