2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P04000089483

Entity Name: AMALOA DESIGNS INC.

Current Principal Place of Business:

371 MIRACLE MILE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

371 MIRACLE MILE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1226252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONVECCHIO, AMALOA
614 SANTANDER AVENUE #1
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BONVECCHIO, BRUNA
7835 SW 85 CT
MIAMI, FL 33143 US

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: BRUNA BONVECCHIO 04/19/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BONVECCHIO, AMALOA
Address: 614 SANTANDER AVENUE #1
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete
Name: BONVECCHIO, BRUNA
Address: 7835 S.W. 85TH CT.
City-St-Zip: MIAMI, FL 33143

Title: V (X) Delete
Name: CIVOLANI, LAURA
Address: VIA VALADIER NO. 27, MACERATA
City-St-Zip: MARCHE, ITILIA.,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BONVECCHIO, BRUNA
Address: 7835 SW 85 CT
City-St-Zip: MIAMI, FL 33143

Title: VP (X) Change ( ) Addition
Name: CIVOLANI, LAURA
Address: 7835 SW 85 CT
City-St-Zip: MIAMI, FL 33143

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: BRUNA BONVECCHIO P 04/19/2006
Electronic Signature of Signing Officer or Director Date