2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000012715

1. Entity Name

ANNÁ SEMONE INVESTMENT, INC.



Principal Place of Business

2612 W GRAND RESERVE CIRCLE

227

CLEARWATER, FL 33759 US

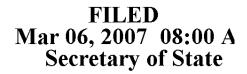
Mailing Address

2612 W GRAND RESERVE CIRCLE

227

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33759 US





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02262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2211340

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASHRAGI, NANCY 2612 W GRAND RESERVE CIRCLE 227

CLEARWATER, FL 33759

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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.	1 am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

- U00080657271 714707-00061-000-15

	-, -,			
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASHRAGI, WALSLI 2612 W GRAND RESERVE CIRCLE # 227 CLEARWATER, FL 33759			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASHRAGI, NANCY 2612 W GRAND RESERVE CIRCLE # 227 CLEARWATER, FL 33759			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exe				

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07

Daylime Phone #