

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-27-2006 90249 031 ***150.00

DOCUMENT # P05000069715
 1. Entity Name
 INFINITI HOLDINGS, INC.



Principal Place of Business
 8675 HIDDEN RIVER PKWY
 SUITE 103
 TAMPA, FL 33637

Mailing Address
 8675 HIDDEN RIVER PKWY
 SUITE 103
 TAMPA, FL 33637

66009486



03212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 20-2840150

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
~~DUNKO, CARLTON~~
 22200 MAGNOLIA TRACE BLVD
 LUTZ, FL 33540

MICHAEL VERONESE
 27316 HOLLYBROOK TRAIL
 WESLEY CHAPEL, FL
 33543

7. Name and Address of New Registered Agent
 Name MICHAEL VERONESE
 Street Address (P.O. Box Number is Not Acceptable)
 27316 HOLLYBROOK TRAIL
 City WESLEY CHAPEL FL Zip Code 33543

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: MICHAEL VERONESE, President 3-22-2006
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	PRES VERONESE, MICHAEL J 27316 HOLLYBROOK TRAIL WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERONESE, MICHAEL J 27316 HOLLYBROOK TRAIL WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VERONESE, MICHAEL J 27316 HOLLYBROOK TRAIL WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA VERONESE, MICHAEL J 27316 HOLLYBROOK TRAIL WESLEY CHAPEL, FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MICHAEL VERONESE 3-22-06 813-600-4889
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #