2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165657

Entity Name: AMENNI, INC

City-St-Zip:

ORLANDO, FL 32802 US

FILED Mar 30, 2007 Secretary of State

Entity Nai	me: AMENN	I, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
PO BOX 3 ORLANDO	273 D, FL 32802	US	530 E CENTRAL BLVD 1901 ORLANDO, FL 32801	US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 3 ORLANDO	273 D, FL 32802	US			
FEI Number:	: 20-0339043	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ODONNELL, MICHAEL J MR. PO BOX 3273 ORLANDO, FL 32801 US			530 E CENTRAL BLVD 1901	ODONNELL, MICHAEL J MR. 530 E CENTRAL BLVD 1901 ORLANDO, FL 32801 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MICHAEL J ODONNELL				03/30/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIRE (LOCHRIE, PA PO BOX 3273 ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DIRE (DAVIDSON, JA PO BOX 3273		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MICHAEL J ODONNELL DIR 03/30/2007