


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-09-2006 90166 030 ***150.00

DOCUMENT # P95000072291					
1. Entity Name AVINTI, INC.					
Principal Place of Business 8785 DUPREE RD MACCLENNY FL 32063			Mailing Address 8785 DUPREE RD MACCLENNY FL 32063		
2. Principal Place of Business X			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3342739	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRY, CAROL 8785 DUPREE RD MACCLENNY FL 32063			7. Name and Address of New Registered Agent Name Bryant K Brosche Street Address (P.O. Box Number is Not Acceptable) 8785 Dupree Rd City Macleenny FL Zip Code 32063		
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 <i>Bryant K Brosche</i> Bryant K Brosche 2-26-06 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRY, CAROL	NAME			
STREET ADDRESS	8785 DUPREE RD	STREET ADDRESS			
CITY-ST-ZIP	MACCLENNY FL	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROSCH, BRYANT K	NAME			
STREET ADDRESS	8785 DUPREE RD	STREET ADDRESS			
CITY-ST-ZIP	MACCLENNY FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Joseph S Barbieri		
STREET ADDRESS		STREET ADDRESS	6367 Woodlawn Ave		
CITY-ST-ZIP		CITY-ST-ZIP	Macleenny, FL 32063 V.P.		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Carol Barry</i>			Date 2/26/06 Daytime Phone # 743 628-4951		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT
66006449

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2006

AVINTI, INC.
8785 DUPREE RD
MACCLENNY, FL 32063

Subject: AVINTI, INC.

Reference Number: **P95000072291**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION

ATTACHMENT
66006449

Avinti Inc. Ref. number P95000072291

President / Carol Barry

Vice President and Registered Agent / Bryant K.
Brosche

Vice President/ Joseph S. Barbieri