

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90144 027 ***150.00

DOCUMENT # P96000055862

1. Entity Name

THE AVANTI FINANCIAL GROUP INC.



Principal Place of Business

**100 CROWN OAK CENTRE DR
LONGWOOD, FL 32750 US**

Mailing Address

**100 CROWN OAK CENTRE DR
LONGWOOD, FL 32750 US**

DO NOT WRITE IN THIS SPACE



04162006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3387224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BILELLO, JOSEPH J.
100 CROWN OAK CENTRE DR
LONGWOOD, FL 32750**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

TITLE PT
NAME BILELLO, JOSEPH J
STREET ADDRESS 100 CROWN OAK CENTRE DR
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE VPS
NAME BILELLO, LEISA
STREET ADDRESS 100 CROWN OAK CENTRE DR
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/06

407 331-7330