

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000007591



1. Entity Name
 SAMNI, INC.

Principal Place of Business
 415 E. ORANGE AVENUE
 TALLAHASSEE, FL 32301

Mailing Address
 415 E. ORANGE AVENUE
 TALLAHASSEE, FL 32301



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3424989 Applied For
 No: Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D
 2810 REMINGTON GREEN CIR
 TALLAHASSEE, FL 32308

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 signatures are required when (re)registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
 NAME: PATEL, MUKESH
 STREET ADDRESS: 4780 HEDGEWOOD DRIVE
 CITY-STATE-ZIP: TALLAHASSEE, FL 32308

TITLE: VP
 NAME: PATEL, GITA
 STREET ADDRESS: 4780 HEDGEWOOD DRIVE
 CITY-STATE-ZIP: TALLAHASSEE, FL 32308

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MUKESH PATEL 4-29-05 950-977-2416
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #