

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90372 006 ***158.75

DOCUMENT # P97000048833 1. Entity Name ANAMED CORP.			
Principal Place of Business 4432 SW 74TH AVE MIAMI, FL 33155		Mailing Address 4432 SW 74TH AVE MIAMI, FL 33155	
2. Principal Place of Business 4861 S.W. 75th Ave. Suite, Apt. #, etc. MIAMI City & State FL Zip 33155		3. Mailing Address 4861 S.W. 75th Ave. Suite, Apt. #, etc. MIAMI, FL City & State MIAMI, FL Zip 33155	
4. FEI Number 65-0758820		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04232006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent JANAULIONS, JANINA T 4432 SW 74TH AVE MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Elsa Janulionis Street Address (P.O. Box Number is Not Acceptable) 4861 S.W. 75th Avenue City Miami FL Zip Code 33155	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME JANULIONIS, ELSA STREET ADDRESS 4432 SW 74TH AVE CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE President NAME Elsa Janulionis STREET ADDRESS 4861 S.W. 75 th Avenue CITY-ST-ZIP Miami, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME JANULIONIS, JEFFREY V STREET ADDRESS 4432 SW 74TH AVE CITY-ST-ZIP MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Janina Janulionis STREET ADDRESS 4861 S.W. 75 th Avenue CITY-ST-ZIP Miami, FL 33155	<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
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/24/06 Daytime Phone #	