2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000010460 1. Entity Name AVANTI TECHNOLGIES, INC.



FILED
May 01, 2006 08:00 AN
Secretary of State

Principal Place of Business

401 NORTH ALTERNATE ATA STE. 34 JUPITER, FL 33477

Mailing Address

401 NORTH ALTERNATE A1A STE. 34 JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE

04202006	No Chg-P	CR2E034 (11/05)
A EEI Number		Applied For

65-0894397

Not Applicable
\$8.75 Additional

5. Certificate of Status Desired

\$8.75 Addition Fee Required

6. Name and Address of Current Registered Agent

STARK, JONATHAN T 401 NORTH ALTERNATE A1A STE. 34 JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 100000559511	the obligations of registered agent.		
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE ACCOUNT OF The signature required when reinstating in the signature required when reinstating i	SIGNATURE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 1000000558511		applicable. (NOTE Registered Agent signature required when reinstating)	DATE
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. UP Added to Fees US/11/05-08033 500	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	000000559511 05/17/06-80099-002 163.75

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

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARK, JONATHAN T 401 N. ALT A1A #34 JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY: ST-ZIP	•
TITLE NAME STREET ADDRESS 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:

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/05

561.346.5385

Daytime Phone #