## 2007 FOR PROFIT CORPORATION

## FILED May 02, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State				
DOCUMENT # P99000010460							90105 017 ***15		
1. Entity Name AVANTI TECHNOLGIES, INC.									
,			Con		411104	<u> </u>			
Principal Place of Business Mailing Address 401 NORTH ALTERNATE A1A STE. 34 401 NORTH ALTERNATE A1A									
JUPITER, FL	33477	JUPITER, FL 33477			. •				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
401 NORTH ALTERNATE ALA 401 NORTH ALTER			LITERNATE	AIA	i indisenti iin iniin ia	<b>        </b>	BBIBI (EBIE BBIII BIBIB BIIII BB	88       53	
SUITE	: 15	Suite, Apt. #, etc.				hg-P	CR2E034 (12/06)		
City & Stat		TUPITER F	L	<b>I</b>	FEI Number 65-0894397	•		oplied For ot Applicable	
3 <sup>2</sup> 3477	7 Country USA	33477	US A		Certificate of Stat		\$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent	Name	_	Name and Addre	ss of New Re	gistered Agent		
STARK-JONATHAN-T.  401 NORTH ALTERNATE A1A STE. 34  Street Address (									
JUPITER, FL 33477				Street Address (P.O. Box Number is Not Acceptable) 401 NORTH ALTERNATE ATA  SUITE 15					
			<u> </u>				FL ZingCod		
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 according to the purpose of changing its registered agent, or both, in the State of Florida.							and accept		
the obligations of registered agent.  STARK, PRE3.  03-30.07									
SIGNATURE	Signature, typed or printed name of registered agei		OTE: Registered Agent sign:	<u> </u>			DATE		
FILE NOW!!!: FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
31.77	ay 1, 2007 Fee will be \$550							•	
10.	OFFICERS ANI	D DIRECTORS  Delete	11.	D D			CERS AND DIRECTOR	S IN 11  Addition	
NAME	STARK, JONATHAN T		NAME DIRECT ADDRESS	JOHA TIT	IN T.S	1 AKK # 15		*	
STREET ADDRESS CITY-ST-ZIP	401 N. ALT A1A #34 JUPITER, FL 33477		STREET ADDRESS CITY-ST-ZIP	200 N	en fl	334	77		
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	■ Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
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UII 1-31-41	İ		0117-31-617	1					

12. I hereby certify that the information supplied with this filling 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-50

*56) 346 5385* 

Daytime Phone #