

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132012

Entity Name: AKANNI HEALTH INC.**Current Principal Place of Business:**19821 NW 2ND AVENUE
SUITE 412
MIAMI GARDENS, FL 33169**Current Mailing Address:**107 BALLARD ROAD
AVON PARK, FL 33825 US**FEI Number:** 35-2318613**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIGHTFOOT, ANGEL
107 BALLARD ROAD
AVON PARK, FL 33825 US*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.***SIGNATURE:** ANGEL LIGHTFOOT

03/27/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEOPD
Name	LIGHTFOOT, ANGEL
Address	107 BALLARD ROAD
City-State-Zip:	AVON PARK FL 33825

Title	CDOV
Name	TAVERNIER, JOSE PHILLIP
Address	20030 NW 65TH COURT
City-State-Zip:	MIAMI FL 33015

Title	CORRESPONDING SECRETARY
Name	LIGHTFOOT, PATRICIA HARRIS
Address	107 BALLARD ROAD
City-State-Zip:	AVON PARK FL 33825

Title	EXECUTIVE SECRETARY
Name	LIGHTFOOT-TAVERNIER, INAYA MEEKA
Address	107 BALLARD ROAD
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	LIGHTFOOT-MUHAMMAD, KHAIR ISA
Address	107 BALLARD ROAD
City-State-Zip:	AVON PARK FL 33825

Title	OFFICER
Name	LIGHTFOOT-TAVERNIER, MANSA XOLO
Address	107 BALLARD ROAD
City-State-Zip:	AVON PARK FL 33825

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGEL LIGHTFOOT

CEOP

03/27/2025

Electronic Signature of Signing Officer/Director Detail

Date