


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90187 007 \*\*\*\*61.25

<b>DOCUMENT # 842616</b>							
1. Entity Name 3-H-O INTERNATIONAL HEADQUARTERS OF CALIFORNIA, INC.							
Principal Place of Business 1620 PREUSS ROAD LOS ANGELES, CA 90035 US			Mailing Address P.O. BOX 35330 LOS ANGELES, CA 90035 US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 95-2654282			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KHALSA, DEVA SINGH 3260 NW 23RD AVE STE 400 1442 NW 100 DR CORAL SPGS, FL 33071 POMPANO BCH, FL 33069			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 re-registering) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	V	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHALSA, SARDARNI G A K		NAME	KHALSA, SARDARNI GAK			
STREET ADDRESS	01A RAM DAS GURU PLACE		STREET ADDRESS	01A RAM DAS GURU PLACE			
CITY-ST-ZIP	ESPANOLA, NM 87532		CITY-ST-ZIP	ESPANOLA NM 87532			
TITLE	STD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHALSA, SHAKTI PK		NAME	KHALSA, SHAKTI PK			
STREET ADDRESS	1620 PREUSS RD		STREET ADDRESS	1620 PREUSS RD			
CITY-ST-ZIP	LOS ANGELES, CA		CITY-ST-ZIP	LOS ANGELES, CA 90035			
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHALSA, SIRI RAM KAUR		NAME	KHALSA, SIRI RAM KAUR			
STREET ADDRESS	01A RAM DAS GURU PLACE		STREET ADDRESS	01A RAM DAS GURU PLACE			
CITY-ST-ZIP	ESPANOLA, NM 87532		CITY-ST-ZIP	ESPANOLA, NM 87532			
TITLE	D	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHALSA, SOPURKH KAUR		NAME	KHALSA, SOPURKH KAUR			
STREET ADDRESS	7 INFINITY LOOP		STREET ADDRESS	7 INFINITY LOOP			
CITY-ST-ZIP	ESPANOLA, NM 87532		CITY-ST-ZIP	ESPANOLA, NM 87532			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHALSA, AVTAR HARI SINGH		NAME				
STREET ADDRESS	7 INFINITY LOOP		STREET ADDRESS				
CITY-ST-ZIP	ESPANOLA, NM		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KHALSA, NIRINJAN KAUR		NAME				
STREET ADDRESS	01A RAM DAS GURU PLACE		STREET ADDRESS				
CITY-ST-ZIP	ESPANOLA, NM 87532		CITY-ST-ZIP				
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 617, 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: <i>Shakti Parwha Kaur Khalsa</i>			3-23-07		310-552-3416		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>ext. 111</small>		
<b>SHAKTI PARWHA KAUR KHALSA</b>							

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