

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90095 004 ***150.00

60037597



05042006 Chg-P CR2E034 (11/05)

4. FEI Number **38-3641960** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PST CHANANA, NAVEEN**
STREET ADDRESS **1601 LOCKNESS PLACE**
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE ☒ Change ☐ Addition
NAME **PST CHANANA, NAVEEN**
STREET ADDRESS **373 Van Ness Ave., Suite 210**
CITY-ST-ZIP **Torrance CA 90501**

TITLE ☐ Delete
NAME **CEO GAUBA, GAURAV "GARY"**
STREET ADDRESS **2001 GATEWAY PLACE SUITE 350 W**
CITY-ST-ZIP **SAN JOSE, CA 95110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CEOD TYAGI, SANJEEV "SAM"**
STREET ADDRESS **2001 GATEWAY PLACE SUITE 350 W**
CITY-ST-ZIP **SAN JOSE, CA 95110**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **COO MELGIRI, RAVI**
STREET ADDRESS **3701 LAKE HOLLOW WAY**
CITY-ST-ZIP **PLANO, TX 75093**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-04-06. 310.218.1999.

Date Daytime Phone #