


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # K69199 1. Entity Name INDUS INVESTMENTS, INC.	
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Principal Place of Business % KAMLESH PATEL 4486 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34429 US	Mailing Address 1610 SE PARADISE CIR CRYSTAL RIVER, FL 34429 US
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DO NOT WRITE IN THIS SPACE



01282004	No Chg-P	CR2E034 (10/03)
4. FEI Number 33-6645287	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 PATEL, KAMLESH 3921 N SEMINOLE PT CRYSTAL RIVER, FL 34428	DO NOT WRITE IN THIS SPACE
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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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DESAI, PARESH 3475 S SUNCOAST BLVD HOMOSASSA SPRINGS FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POTU, PRASAD 700 SE 5TH TER CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHUKLA, MANOJ 9030 W FOR ISLAND TRAIL CRYSTAL RIVER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IYER, HARI 3475 S SUNCOAST BLVD HOMOSASSA SPRINGS FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, KAMLESH P.O. BOX 3087, N/A HOMOSASSA SPRINGS FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYUR, PATEL 2380 N.W. HWAY 19 CRYSTAL RIVER, FL 34428

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01/30/04-80038-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Maeyur N Patel 02/01/04 352-295-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #