

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-15-2006 90105 021 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000077294

1. Entity Name
STUTI, INC



Principal Place of Business
**9542 ARGYLE FOREST BLVD
 C17
 JACKSONVILLE, FL 32222**

Mailing Address
**9542 ARGYLE FOREST BLVD
 C17
 JACKSONVILLE, FL 32222**

66009533



DO NOT WRITE IN THIS SPACE

02202006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0090426 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, MANUBHAI M
 9542 ARGYLE FOREST BLVD
 C17
 JACKSONVILLE, FL 32222**

**DO NOT WRITE
 IN THIS SPACE**

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 *Manu Patel* (OWNER) DATE 3/1/6
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------|
| TITLE | P |
| NAME | PATEL, VIJAY D |
| STREET ADDRESS | 9542 ARGYLE FOREST BLVD #C17 |
| CITY - ST - ZIP | JACKSONVILLE, FL 32222 |
| TITLE | VP |
| NAME | MOTIWALA, BHADRESH |
| STREET ADDRESS | 9542 ARGYLE FOREST BLVD #C17 |
| CITY - ST - ZIP | JACKSONVILLE, FL 32222 |
| TITLE | S |
| NAME | PATEL, MANUBHAI M |
| STREET ADDRESS | 9542 ARGYLE FOREST BLVD #C17 |
| CITY - ST - ZIP | JACKSONVILLE, FL 32222 |
| TITLE | T |
| NAME | PATEL, DINESH |
| STREET ADDRESS | 9542 ARGYLE FOREST BLVD #C17 |
| CITY - ST - ZIP | JACKSONVILLE, FL 32222 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
 IN THIS SPACE**

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: *Manu Patel* **MANUBHAI PATEL OWNER** DATE 4/6/6 904-317-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #