


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # P03000077294
1. Entity Name
STUTI, INC



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

DO NOT WRITE IN THIS SPACE



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0090426	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, MANUBHAI M
9542 ARGYLE FOREST BLVD
C17
JACKSONVILLE, FL 32222

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

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

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07/10/07-80001-019 150.00

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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 MANU PATEL 7/7/7 904-317-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #