FILED Mar 26, 2007 8:00 am

2007	FOR PROFIT CORPORATIO ANNUAL REPORT	N
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DOCALMENT # P03000150105 I SIRINGADIA INC. IN		ANNUAL	REPORT	Secretary of Stat	e		
Principal Place of Business 905 W. KENNEDY BLVD. 55F 32 0RLANDO, FL 32810 2. Principal Place of Business - No P.O. Box #	DOCUI	MENT # P03000150	105	_			
Participal Place of Business 995 W. KENNEDY BLVD. 5TE 32 5		. Entity Name					
995 W. KENNEDY BLVD. SIE 32 ORLANDO, FL 32810 2. Principal Place of Business - No P.O. Box # 3. Making Actress Suite, Apr. #, etc.	DRAKEL		NO.		7		
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2. Principal Place of Business - No Pr.O. Box # 3. Mailing Address 3.		32810					
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City & State City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address			(
Superance Supe	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03012007 Chg-P CR2E034 (12/06)		
Source and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. SECONDATION OF Name And Address of New Registered Agent 8. SECONDATION OF Name And Address of New Registered Agent 9. ONT ST. P. 9. SECONDATION OF Name And Address of New Registered Agent 9. ONT ST. P. 9. SECONDATION OF Name And Address of New Registered Agent 9. ONT ST. P.	City & State	9	City & State		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Street Address of New Registered Agent JOHNSON, WADE F JR 2901 CURRY FORD RD. SUITE 2122: ORLANDO, FL 32806 The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symular function of registered agent of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symular function of registered agent. SIGNATURE Symular function of registered agent. DATE PLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 SIGNATURE SYMULAR FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 SIGNATURE OPERATION OF THE Registered Agent TITLE PUCKER, JERRY SYMULAR FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 SIGNATURE PUCKER, JERRY SYMULAR FEE IS \$150.00 ARCHADO, FL 32810 Delete TITLE ST	Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Addition	nal	
SUITE 2125. ORLANDO, FL 32806 The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Lam familiar with, and accept the obligations of registered agent are time. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME TUCKER, JERRY TUCKER, JERRY TOURISH ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE VP Debet TILE NAME KAPLAN, JACK SITERI ADDRESS ORLANDO, FL 32810 Debet TILE NAME KAPLAN, JACK SITERI ADDRESS ORLANDO, FL 32810 Debete TILE NAME KAPLAN, JACK SITERI ADDRESS ORLANDO, FL 32810 Debete TILE NAME HILL, BRANDON SITERI ADDRESS ORLANDO, FL 32810 Debete TILE NAME MAKE SITERI ADDRESS ORLANDO, FL 32810 Debete TILE NAME HILL, BRANDON SITERI ADDRESS ORLANDO, FL 32810 Debete TILE NAME SITERI ADDRESS ORLANDO, FL 32810 Debete TILE Debete TIL		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
Street Address (P.O. Blox Number is Not Acceptable) City Mari-Hand FL Zip Cade	IOHNSON	WADE E IR		Name Je	Name Jerry Tucker		
2700 Weshfall Lu. See 320	2901 CUR	RY FORD RD.		Street Address			
8. The above named entity submiss 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 Signatural registered agent Signatural				2700 W	rest Hall Lu. Ste 220		
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SIGNATURE Signature for planted name of required agent and time \$ apolicable. (INDIE Registered Agent signature required when reinstalling) DATE			r the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and	accept	
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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			•				
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	CITY-ST-ZIP			CITY-ST-ZIP			
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	indicated	on this report or supplemental report is	s true and accurate and that my	y signature shall have th	ie same legal effect as if made under oath; that I am an officer or c	director	

SIGNATURE: _