## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 18, 2006 08:00 AM DOCUMENT # P04000086677 **Secretary of State** 1. Entity Name S.V. ENDEAVORS, INC. Principal Place of Business Mailing Address 14134 NEPHRON LANE 14134 NEPHRON LANE HUDSON, FL 34667 HUDSON, FL 34667 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2462869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COOK, J. HARRIS DO NOT WRITE 7510 RIDGE ROAD PORT RICHEY, FL 34668 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent alignature regulted when retratating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE ACHARYA, M.K. NAME 14134 NEPHRON LANE STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 n TITLE REDDY, P.M. MAME. 14134 NEPHRON LANE STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 expecute 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 links provered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #