

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT #** - P04000149900  
1. Entity Name  
Aanna Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
403 Fox Valley Dr  
Suite, Apt. #, etc.

3. Mailing Address  
403 Fox Valley Dr  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Longwood, FL		City & State Longwood, FL		4. FEI Number 20-1819356	Applied For Not Applicable
Zip 32779	Country USA	Zip 32779	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Puri Subash C

Street Address (P.O. Box Number is Not Acceptable)  
403 Fox valley Dr

City  
Longwood

**FL**

Zip Code  
32779

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Puri, Subash C 403 Fox Valley Dr Longwood, Fl - 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UBR# 264048 03/15/05-80008-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  3-11-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #