2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR) .

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P05000021201 03-22-2006 90010 001 ***150.00 ED & PS ENTERPRISES INC. Principal Place of Business Mailing Address 610 4TH STREET NORTH ST.PETERSBURG FL 33701 610 4TH STREET NORTH ST.PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5." Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DINANATH, EIKHRAM Street Address (P.O. Box Number is Not Acceptable) 7251 HOLLOWELL DR. **TAMPA FL 33634** City Zip Code 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. (NOTE: Registered Agent signature incurred when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE ☐ Detete nne ☐ Change Addition NAME DINANATH, EIKHRAM NAME STREET ADDRESS 7251 HOLLOWELL DR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP THLE Delets TITLE ☐ Change Addition NAME SEEMANGAL, PALAN HAME STREET ADORESS 7251 HOLLOWELL DR STREET ADDRESS CITY-S1-71P **TAMPA FL 33634** CITY-ST-ZIP FIFLE Detete SEEMANGAL SHAMDAI TITES NAME SEEMANGAL, SHAMWATTIE 7251 Hollowell Dr STREET ADDRESS 7251 HOLLOWELL DR STREET ADDRESS COY-SI-78" TAMPA FL 33634 CITY-ST-ZIP --TAMPA - FL---33634 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME DINANATH, ROOKMIN NAME STREET ADDRESS 7251 HOLLOWELL DR. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33634** CITY-ST-ZIP THILE Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

CITY-S1-ZIP

SIGNATURE: Elkham

CITY-ST-7IP

3/11/06

FILED