

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135573

Entity Name: SIRI CONSULTANTS, INC.

FILED
Mar 24, 2008
Secretary of State

Current Principal Place of Business:

5834 AUTUMN CHASE CIRCLE
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

5834 AUTUMN CHASE CIRCLE
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 20-5780636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURTI, GHOOLI
5834 AUTUMN CHASE CIRCLE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: MURTI, GHOOLI
Address: 5834 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

Title: V,D () Delete
Name: MURTI, PADMINI
Address: 5834 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

Title: S,D () Delete
Name: MURTI, AKHILA
Address: 5834 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

Title: T,D () Delete
Name: MURTI, ADITI
Address: 5834 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GHOOLI MURTI

P,D

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date