

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -4 AM 8:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000032847
1. Entity Name
JAY DURGA ENTERPRISES, INC.



Principal Place of Business
20349 US HWY 27
CLERMONT, FL 34711-8797 US
Mailing Address
4800 S. APOPKA VINELAND RD.
ORLANDO, FL 32819 US

DO NOT WRITE IN THIS SPACE

Barcode area with numbers: 04132006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3181651 Applied For Not Applicable
B. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JAIN, MANOHAR H
4800 APOPKA-VINELAND RD
ORLANDO, FL 32819

DO NOT WRITE 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 (if applicable) (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

Table with 6 rows for Officers and Directors. Each row includes fields for TITLE, NAME, STREET ADDRESS, and CITY-ST-ZIP. The first row is filled with: PSTD, JAIN, MANOHAR H, 4800 APOPKA-VINELAND RD, ORLANDO, FL 32819.

06/06/06--01047--001 **800.00
DO NOT WRITE IN THIS SPACE

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 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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-19-06 Daytime Phone #: 407-876-5855