
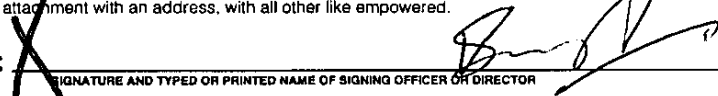


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90017 025 \*\*\*150.00

DOCUMENT # P98000103428			
1. Entity Name VIJAY SINGH, INC.			
Principal Place of Business IMG CENTER, STE. 100, 1360 E. 9TH ST. CLEVELAND, OH 44114-1782		Mailing Address IMG CENTER, STE. 100, 1360 E. 9TH ST. CLEVELAND, OH 44114-1782	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01262005		Chg-P CR2E034 (10/03)	
4. FEI Number 59-3550836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SINGH, VIJAY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, VIJAY	NAME	
STREET ADDRESS	1275 PONTE VEDRA BLVD	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	TS SINGH, ARDINA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, ARDINA	NAME	
STREET ADDRESS	1275 PONTE VEDRA BLVD	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	
TITLE	AS CARFAGNA, PETER <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARFAGNA, PETER	NAME	
STREET ADDRESS	IMG CENTER #100, 1360 E 9TH ST.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND, OH 44114	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			