## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P98000103428

1. Entity Name VIJAY SINGH, INC.



**FILED** Feb 16, 2006 08:00 AM Secretary of State

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



01112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3550836 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

## DO NOT WRITE

PLANTATION, FL 33324			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the $\rho$ lons of registered agent.	urpose of changing its registered office or r	egistered agent, or both,	in the State of Florida. I a	m familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title t	I applicable (NOTE Registered Agent signature	a required when reinstating)	DAT	<u> </u>
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution,	\$5.00 May Be Added to Fees		
10.  TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS STREET ADDRESS	P SINGH, VIJAY 1275 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 TS SINGH, ARDINA 1275 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082	CTORS		Uggang437069 2/28/36-80817	₩ =
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRIT	
TITLE	}	3			

12. I hereby certify that the information supplied with this filling 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 proof 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: 🙏

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craytoma Phone 4