

### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000101079</b>	
1. Entity Name <b>SHREEGI ENTERPRISES, INC.</b>	
Principal Place of Business <b>121 NORTH U.S. HIGHWAY 1 TEQUESTA, FL 33469</b>	Mailing Address <b>121 NORTH U.S. HIGHWAY 1 TEQUESTA, FL 33469</b>



07052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. PFI Number <b>85-0962897</b>	Apply for N/A Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, MUKUND C  
4523 BRADY LANE  
PALM BEACH GARDENS, FL 33418**

**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 \_\_\_\_\_ DATE **07/10/07-80028-021 150.00**

Signature, type or printed name of register/ee agent and title if applicable (NOTE: Registered Agent's signature required when releasing)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PBD PATEL, MUKUND C 4523 BRADY LANE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PATEL, USHA M 4523 BRADY LANE PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 DATE **07/6/07** (561) 747

Signature and Print or Printed Name of Whom Officer or Director