

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90069 036 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P9900010464

1. Entity Name
EVERSHINE, INC.

Principal Place of Business: **1590 W AIRPORT BLVD SANFORD, FL 32773**
Mailing Address: **1690 W AIRPORT BLVD SANFORD, FL 32773**

04/11/2005 No Chg-P CROF034 (10/03)

4. FCI Number: **59-3614972** Applied For: Not Applicable

5. Certificate of State Tax: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEEPANKAR DILIP 1690 W AIRPORT BLVD SANFORD, FL 32773
DEEPANKAR DILIP 1690, W AIRPORT BLVD SANFORD FL-32773

7. The above named entity purports to be compliant with the provisions of changing its registered office or registered agent, or both, in the State of Florida, in accordance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]* 4/27/05

FILE NOW! FEE IS \$150.00 After May 4, 2005 Fee will be \$250.00

8. Election Campaign Financing: \$5.00 May Be Added to Fee

OFFICERS AND DIRECTORS	
TITLE	D
NAME	AKBARALI ALNOOR
STREET ADDRESS	1690 W AIRPORT BLVD SANFORD FL 32773
CITY-ST-ZIP	SANFORD FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this form complies with the provisions of the Uniform Limited Liability Company Act, 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 designated in 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 employees.

SIGNATURE: *[Signature]* 4/27/05 386-437-2529