2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # 456581 1. Entity Name EAST INDIA COMPANY				Feb 04, 2004 08:00 AM S ecret ary of State
Principal Place of Business 3042 HARVEST MOON DR PALM HARBOR FL 34683 US		Mailing Address 3042 HARVEST MOC PALM HARBOR FL 3 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
MALHOTRA, RAJ K. 3042 HARVEST MOON DR PALM HARBOR FL 34683			Name Street Addres	s (P.O. Box Number is Not Acceptable)
			Crty	FL Zip Code
the obligate SIGNATURE.	Signature, hiped or physical name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	and title if applicable (Ni	OTE Registered Agent signature requ	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		. 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	PTD MALHOTRA, RAJ K. 3042 HARVEST MOON DR. PALM HARBOR FL	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000034113 U2/05/04-80070-021 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHNER, GEORGE F.J. 2617 HEATHERWOOD DR. TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD RAMOLD, PHYLLIS J 1503 BELLECHASE CIR. TAMPA FL 33634	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TIRLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	HILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		☐ Delete	RITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the co	ton this report or supplemental report	is true and accurate and that powered to execute this rep	at my signature shall have to ort as required by Chapter:	Section 119.07(3)(i). Florida Statutes, I further certify that the information he same legal effect as if made under oath, that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED