2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT #610799** 1. Entity Name BIJOUX, INC. Mailing Address Principal Place of Business 27001 US HWY 19 N 27001 US HWY 19 N **SUITE 1030 SUITE 1030** CLEARWATER, FL 33761 CLEARWATER, FL 33761 CR2E034 (11/05) 04252006 No Chg-P DO NOT WRITE IN THIS SPACE Applied i 4. FE! Number 59-1977568 Not App" \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHAFER, WALTER L. DO NOT WRITE 2430 ESTANCIA BLVD **SUITE 108** IN THIS SPACE CLEARWATER, FL 33761 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 account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CHANDIRAM, SARDJ NAME U00000539600 05/09/06-80105-022 150.00 STREET ADDRESS 5233 ENCLAVE DR CITY-ST-ZIP OLDSMAR, FL 34677 PDC TITLE CHANDIRAM, NARI NAME STREET ADDRESS 5233 ENCLAVE DR CITY-ST-ZIP OLDSMAR, FL 34677 DAS TITLE NAME CHATANI, RAVI STREET ADDRESS **5233 ENCLAVE DRIVE** DO NOT WRITE OLDSMAR, FL 34677 CITY-ST-ZIP TM F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP RILE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 informational 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 cath; that I am an officer or direct 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.

NARI CHANDIRAM

changed, or on an attachment with an address, with all other like empowered.

FILED

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