2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F0000004063 05-03-2005 90146 028 ***150 00 1. Entity Name BHAGAWATI TECHNOLOGIES, INC. Principal Place of Business Mailing Address 3015 CASA RIO CT 3015 CASA RIO CT 50047216 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business 3. Mailing Address 2507 SAWYER TERR 2507 SAWYER 04292005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4 FEI Number WELLINGTON WELLINGTON 04-3436042 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANDIT, VIJAY PANNDIT, VIJAY Street Address (P.O. Box Number is Not Acceptable) 3015 CASA RIO CT PALM BEACH GARDEN, FL 33418 TERRACE LINKTON 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCD TITLE ☐ Delete TITLE PCD PANDIT, VIJAY 2507 SAWYER TERFACE, WELLINGTON FL 33414 Change Addition PANDIT, VIJAY NAME NAME 3015 CASA RIO CT. STREET ADORESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP D PANDIT, ANSHU 2507 SAWYER TERFALE, WELLINGTON 14 33414 ☐ Delete TITL F TITI F PANDIT, ANSHU NAME NAME STREET ADDRESS 3015 CASA RIO CT. STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

FILED