## 2006 FOR PROFIT CORPORATION

## Feb 01, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F96000005057 1. Entity Name SHIV INN, INC. Principal Place of Business Mailing Address 906 E BRANDON BLVD 3545 NW 58TH ST OKLAHOMA CITY, OK 73112 BRANDON, FL 33511 01242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1395198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, VASANT B DO NOT WRITE 906 E BRANDON BLVD BRANDON, FL 33511 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. 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 IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PATEL, CHAMPAK B NAME U00000041S349 STREET ADDRESS 1008 MANOR HILL DR 02/11/06-80077-007 158.75 NORMAN, OK 73072 CITY-ST-ZIP TITLE DCV GOSSMAN, DEAN NAME SYREET ADDRESS 920 STONEGATE CITY-ST-ZIP WEATHERFORD, OK 73096 DILE PATEL, VASANT B NAME STREET ADDRESS 908 E BRANDON BLVD DO NOT WRITE CITY-ST-ZIP BRANDON, FL 33511 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 cath, that I am an officer or director of the corporation or the receiver or trustee disposared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an additional with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7(P

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED