


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000005418</b> 1. Entity Name BEETA CORP.	
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Principal Place of Business C/O 605 E ROBINSON ST SUITE 400 ORLANDO, FL 32801 US	Mailing Address * C/O 605 E ROBINSON ST SUITE 400 ORLANDO, FL 32801 US
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**DO NOT WRITE IN THIS SPACE**



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3517413	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SHENOY, UDAY P 605 E. ROBINSON ST, SUITE 400 ORLANDO, FL 32801
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANSAR, ERIKA 7 DOWN STREET LONDON W1J 7AJ ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ANSAR, HANAH 7 DOWN STREET LONDON W1J 7AJ ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RUSHD, ASAD A 7 DOWN STREET LONDON W1J 7AJ ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHENOY, UDAY P 605 E. ROBINSON ST, SUITE 400 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	/
TITLE NAME STREET ADDRESS CITY - ST - ZIP	/

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02/22/05-80056-011 158.75

**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE:</b>  <b>ASAD A. RUSHD - V/S</b>	<b>Feb 21, 2005</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>