

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F98000005418



FILED Mar 16, 2006 8:00 am Secretary of State

BEETA C			•					03-16-2006 90	0247 010	***158.75	5
Principal Plac C/O 605 E RI SUITE 400 ORLANDO, FI	obinson st	US	Mailing Address C/O 605 E ROBINSON S SUITE 400 ORLANDO, FL 32801	ST US		/			REL WWEIL BETTEL W		::
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02202006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State				4. FEI Numbe		· ·	ļ	plied For t Applicable	
Zip		Country	Zip	Coun	try			of Status Desired	X	\$8.75 Add Fee Require	itional
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New F	Registered A	Agent	
					Name			·			
SHENOY, UDAY P 605 E. ROBINSON ST, SUITE 400 ORLANDO, FL 32801						Street Address (P.O. Box Number is Not Acceptable)					
					City				FL	Zip Code	9
	named entity tions of regist		or the purpose of changing its	registere	ed office or	register	ed agent, or bot	h, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	E: Registere	d Agent signatu	periuper en	when reinstating)		DATE		
		-									
		FEE IS \$150.00 Fee will be \$550.	9. Election Campai Trust Fund Conti	-	ncing		00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS	PD ANSAR, E 7 DOWN S		☐ Delete	TITLE NAMI STRE						☐ Change	☐ Addition
CITY+ST+ZIP		WIJ 7AJ ENGLAND,			-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ANSAR, H 7 DOWN S LONDON		☐ Delete			A				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUSHD, A 7 DOWN S LONDON		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		UDAY P BINSON ST, SUITE 4 D, FL 32801	□ Delete		1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete					·—		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition
12. I hereby of	certify that the	e information supplied wit	h this filing does not qualify fo	or the exe	emptions c	ontained	l in Chapter 119	, Florida Statutes.	I further cer	tify that the ir	nformation or director

of the corporation or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

400

Q1	CN	ATI	IDE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #