

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002265

Entity Name: BRUHASPATI, INC.

FILED
Jul 15, 2005
Secretary of State

Current Principal Place of Business:

501 OHIO AVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

2019 CENTER PARK DR
CHARLOTTE, NC 28217

New Mailing Address:

FEI Number: 56-2136727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, BHADRESH L
501 OHIO AVE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAH, BRADRESHKUMAR L
Address: 7415 HIGHWAY 77
City-St-Zip: SOUTHPORT, FL 34209

Title: S () Delete
Name: SHAH, REKHA B
Address: 925 FLORIDA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BHADRESH SHAH

PRSI

07/15/2005

Electronic Signature of Signing Officer or Director

_____ Date