

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90025 043 \*\*\*150.00

<b>DOCUMENT # G36392</b> 1. Entity Name <b>SAPNA ENTERPRISES, INC.</b>					
Principal Place of Business <b>4432 W HIGHWAY 98</b> <b>PANAMA CITY, FL 32401 US</b>			Mailing Address <b>P.O. BOX 2346</b> <b>PANAMA CITY, FL 32402 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>5400 LAUREL SPRINGS</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>PARKWAY SUITE 1204</b>		01042007 Chg-P CR2E034 (12/06)	
City & State		City & State <b>SWANEE, GA</b>		4. FEI Number <b>59-2603590</b>	
Zip		Zip <b>30024</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent  <b>SEGRS, SOWELL &amp; STEWART &amp; JOHNSON, PA</b> <b>626 LUVERNE AVE</b> <b>PANAMA CITY, FL 32401</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RAO, PALEP N.</b> <b>3027 KINGS HARBOR RD.</b> <b>PANAMA CITY, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>RAO, USHA</b> <b>3027 KINGS HARBOR RD.</b> <b>PANAMA CITY, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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.					
SIGNATURE: <u></u> <span style="float: right;">4/30/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					