FILED
Feb 17, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G53100

1. Entity Name
SIMA CORPORATION

Principal Place of Business	Mailing Address
% BHARAT M. PATEL 2340 SOUTH PINE OCALA, FL 32671-5102	2110 N. COURTNEY PKWY MERRIT ISLAND, FL 32796

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3242612
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, BHARAT M.
2340 SOUTH PINE
OCALA, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATEL, VIJAY
STREET ADDRESS	1155 BLUE HERON WY
CITY-ST-ZIP	ROSELLE, IL 60172
TITLE	V
NAME	PATEL, BHARAT M.
STREET ADDRESS	2110 N COURTNEY PKWY
CITY-ST-ZIP	MERRITT ISLAND, FL 329534236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/06-80081-002 150.00

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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: Vijay Patel 1-7-06 847-989-0669
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #