2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2006
Secretary of State

DOCUMENT# G82905

Entity Name: TEJAS, INC.

Current Principal Place of Business:

C/O VASANTLAL B. SONI
830 TRUMAN AVENUE
KEY WEST, FL 330406426

New Principal Place of Business:

Current Mailing Address:

C/O VASANTLAL B. SONI
830 TRUMAN AVENUE
KEY WEST, FL 330406426

New Mailing Address:

FEI Number: 59-2585073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SONI, VASANTLAL B.
830 TRUMAN AVENUE
KEY WEST, FL 33040 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SONI, VASANTLAL B.,
Address: 830 TRUMAN AVE.
City-St-Zip: KEY WEST, FL

Title: STD ( ) Delete
Name: SONI, HANSA,
Address: 830 TRUMAN AVE.
City-St-Zip: KEY WEST, FL

Title: MGR ( ) Delete
Name: SONI, TEJAS
Address: 830 TRUMAN AVE
City-St-Zip: KEY WEST, FL

Title: D ( ) Delete
Name: SONI, ASHISH
Address: 830 TRUMAN AVE
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRE (X) Change ( ) Addition
Name: SONI, TEJAS
Address: 830 TRUMAN AVE
City-St-Zip: KEY WEST, FL

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 Chapter 119, 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: HANSA SONI STD 01/14/2006

Electronic Signature of Signing Officer or Director — Date