2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H49515

Entity Name: PRAPTI ENTERPRISES, INC.

HOFFMAN ESTSTES, IL 60195

City-St-Zip:

FILED Apr 26, 2009 Secretary of State

Linuty Na	ilie. Tival III	LIVIERI RIOLO, IIVO.			
Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
	NHOWER CR NES, IL 60017			4295 EISENHOWER CR. HOFFMAN ESTATES, IL 60192	
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
	ND PATEL NHOWER CR NESTATES, IL				
FEI Number	: 59-2541405	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
LAKE CIT	OLUMBIA AV Y, FL 32055	US	e purpose of changing its registered	office or registered agent, or both.	
in the State	e of Florida.		- F F		
SIGNATU	RE:				
	Electron	nic Signature of Registered A	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/D (PATEL, ARVINI 4295 EISENHO HOFFMAN EST	WER CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	ST (PATEL, ARVINI 4295 EISENHO		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARVIND PATEL PRE 04/26/2009