2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H80090

Entity Name: NAYANA, INC.

FILED Mar 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

GOLDEN EAGLE PLAZA HOMOSASSA, FL 34448 US

Current Mailing Address: New Mailing Address:

NAYANA, INC. NAYANA, INC

1610 SE PARADISE CIR.

CRYSTAL RIVER, FL 34429 US

CRYSTAL RIVER, FL 34429 US

CRYSTAL RIVER, FL 34429 US

FEI Number: 59-2680644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATEL, KAMLESH N. PATEL, MAYUR

415 SW 1ST AVE.

CRYSTAL RIVER, FL 34429 US

1610 SE PARADISE CIRCLE
CRYSTAL RIVER, FL 34429 US

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: MAYUR PATEL 03/15/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PATEL, KAMLESH N.,
 Name:
 PATEL, KAMLESH N.,

 Address:
 507 NW 9TH AVE
 Address:
 2380 NW US HIGHWAY 19

 City-St-Zip:
 CRYSTAL RIVER, FL
 City-St-Zip:
 CRYSTAL RIVER, FL 34428

Title: D () Delete Title: () Change () Addition

 Name:
 DESAI, P. G.,
 Name:

 Address:
 507 NW 9TH AVE
 Address:

 City-St-Zip:
 CRYSTAL RIVER, FL
 City-St-Zip:

 Name:
 IYER, H. V.,
 Name:
 IYER, H. V.,

 Address:
 80 GREENTREE ST. SMW
 Address:
 PO BOX 3087

City-St-Zip: HOMOSASSA, FL City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: ST () Delete Title: ST (X) Change () Addition

Name: PATEL, MAYUR N Name: PATEL, MAYUR N

Address: 1020 SE 3RD AVE Address: 1610 SE PARADISE CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: CRYSTAL RIVER, FL 34429

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: MAYUR PATEL ST 03/15/2006