

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K49517

FILED
Apr 24, 2005
Secretary of State**Entity Name:** ADHAV INVESTMENTS, INC.**Current Principal Place of Business:**1398 BRISTOL PARK PLACE
LAKE MARY, FL 32746**New Principal Place of Business:**616 NADINA PLACE
CELEBRATION, FL 34747**Current Mailing Address:**616 NADINA PLACE
KISSIMMEE, FL 34747**New Mailing Address:**616 NADINA PLACE
CELEBRATION, FL 34747**FEI Number:** 59-2975305**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ADHAV, SHAILESH
616 NADINA PLACE
CELEBRATION, FL 34747 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

OFFICERS AND DIRECTORS:

Title: VD (X) Delete
Name: ADHAV, NALINI R.,
Address: 1398 BRISTOL PARK PL.
City-St-Zip: LAKE MARY, FL

Title: STD (X) Delete
Name: ADHAV, SANJAY R.,
Address: 304 BERWICK CT.
City-St-Zip: LAKE MARY, FL

Title: P () Delete
Name: ADHAV, SHAILESH R.,
Address: 616 NADINA PLACE
City-St-Zip: CELEBRATION, FL

Title: ATD (X) Delete
Name: NIX, GEETA W.,
Address: 474 FREEMAN STREET
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Section 119.07(3)(i), 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: SHAILESH R. ADHAV

P

04/24/2005

Electronic Signature of Signing Officer or Director

Date