## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 21, 2005 8:00 am Secretary of State 03-21-2005 90081 021 \*\*\*150.00

| 1. Entity Nam  | MENT #K/1234  GAIN WORLD, INC.                                       |  |                                       | 3 21 2000 2000 1 021   | 30.00                    |  |
|--|--|--|---------------------------------------|--|--------------------------|--|
| Principal Place of Business<br>% M. SALEEM KHANANI<br>6454 INTERNATIONAL DR<br>ORLANDO, FL 32819   |  | Mailing Address<br>% M. SALEEM KHANANI<br>6454 INTERNATIONAL DR<br>ORLANDO, FL 32819   |                                       | I ABBAREN BUL IRREA HARIE HERFO IENT GERF RITTA BABIL BITTA BABIL RITTA BABIL BITTA              | E    1 E         1 E   1 |  |
| 2. Brincipal Place of Business Lake Rd. 3. Mailing Address Sand Lake Rd. 7582 W. Sand  |  |  | nd lake R                             |  |                          |  |
|  |  | Suite, Apt. #, etc.  |                                       | 03162005 Chg-P CR2E034 (10/03)   |                          |  |
| City & State and FL  |  | Orlando, FL  |                                       | 4. FEI Number Applied For 59-2936509 Not Applicable  |                          |  |
| 328  | 19 Country SA  | 32819  | CountryUSA                            | 5. Certificate of Status Desired S8.75 Ac Fee Requir 7. Name and Address of New Registered Agent |                          |  |
| 6. Name and Address of Current Registered Agent Name   |  |  |                                       | 2 A CSE MAAIT  |                          |  |
| 3162 ISLEWOKTH COOKTRI CLOB BK   |  |  | Street Address                        | Street Address (P.O. Box Number is Not Acceptable)   |                          |  |
| WINDERMERE, FL 34786-8954  |  |  | 7582                                  | 7582 W. Sand Lake Road   |                          |  |
|  |  |  | City ()                               | City Oclando FL Zingod 819   |                          |  |
| 8. The above named entity subtries his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Signature registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |  |                                       |  |                          |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees  |  |  |                                       |  |                          |  |
| 10. OFFICERS AND DIRECTORS 11.   |  |  | 11.                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR   | RS IN 11                 |  |
| TITLE NAME STREET ADDRESS. CITY-ST-ZIP   | DS<br>KHANANI, OWAIS<br>6276 INDIAN MEADOW<br>ORLANDO, FL            | . Detete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | assel Maal! Lake RD. 882 W. Sand Lake RD. 001ando FL 32819                                       | X Addition               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DP<br>MAALI, BASSEL<br>12633 WESTFIELD ST<br>WINTER GARDEN, FL 34787 | ☐ Delete   | STREET ADDRESS 62                     | DAIS KHANANI Change<br>276 Indian Meadow S<br>Orlando, FL 3289                                   | _· ,                     |  |
| TITLE  | THE CHILD CHILD IN THE CONTROL                                       | ☐ Delete   | TITLE                                 | Change   | Addition                 |  |
| NAME<br>STREET ADDRESS:  |  |  | NAME<br>STREET ADDRESS                |  |                          |  |
| CITY-ST-ZIP  | war and the second   |  | CITY-ST-ZIP                           |  |                          |  |
| TITLE<br>NAME  |  | ☐ Detete   | TITLE                                 | ☐ Change   | ☐ Addition               |  |
| STREET ADDRESS   |  |  | STREET ADDRESS<br>CITY-ST-ZIP         |  |                          |  |
| CITY-SI-ZIP  |  | Delete   | TITLE                                 | ☐ Change   | ☐ Addition               |  |
| NAME   |  |  | NAME                                  |  |                          |  |
| STREET ADDRESS<br>CITY - ST - ZIP  |  |  | STREET ADDRESS<br>CITY+ST+ZIP         |  | ,                        |  |
| TITLE ;  |  | ☐ Delete   | TITLE<br>NAME                         | ☐ Change   | ☐ Addition               |  |
| STREET ADDRESS   |  |  | STREET ADDRESS                        |  | }                        |  |
| CITY-ST-ZIP  |  | ship Diagrams and the Control of the | CITY-\$1-ZIP                          | Contino 110 O7(QVI) Elected Contract to the contract to  | information              |  |
| 12. I hereby certify that the information supplied with this filing does not quality 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 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 |  |  |                                       |  |                          |  |

MAALI 3/16/05 407-345-9200