

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92917

FILED
Apr 21, 2005
Secretary of State

Entity Name: NEILKANTH INVESTMENTS INCORPORATED

Current Principal Place of Business:

2222 HIGHWAY 71
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

4132 LAFAYETTE STREET
MARIANNA, FL 32448 US

New Mailing Address:

FEI Number: 59-3045618 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PATEL, MADHU S
4132 LAFAYETTE STREET
MARIANNA, FL 32446 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: DPT () Delete
Name: PATEL, MADHU S
Address: 4132 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446 US

Title: SD () Delete
Name: PATEL, RAJIV L
Address: 5847 CRUMP CT
City-St-Zip: SAN JOSE, CA 95120 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SDV (X) Change () Addition
Name: PATEL, RAJIV L
Address: 5847 CRUMP CT
City-St-Zip: SAN JOSE, CA 95120 US

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: MADHU PATEL

PTD

04/21/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date