2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 09, 2006 8:00 am Secretary of State **DOCUMENT # M62650** 05-09-2006 90104 001 *1,575.00 BANYON F.S. INC. Principal Place of Business Mailing Address 66015409 C/O ALLAUDDIN BHIMANI C/O ALLAUDDIN BHIMANI 5829 HOLLYWOOD BLVD. 5829 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 CR2E034 (11/05) 05012006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0014507 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BHIMANI, ALLAUDDIN DO NOT WRITE 5829 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE BHIMANI, ALLAUDDIN NAME 18900 NE 20TH AVE STREET ADDRESS CITY-ST-ZIP NO. MIAMI, FL TITLE BHIMANI, ROZILA 18900 NE 20TH AVE STREET ADDRESS CITY-ST-ZIP NO. MIAMI, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regeiver of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactyping with an address) with all other like empowered to

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

ATTACHMENT #M62650 CHey # 05/00/00 \$3150 CONDOCATION NOTES 111E47 SSMENTINPRISES DC. 3 TROMBIE ANTINCCI CONDONTIA FOOD AKSHU INC. 150 ATTEC INTERNATIONS 96 16 INVESTANT CompINE Inc. 17 18 1,0WO-1 Pecononications Inc OLEA Borni P.A 20 1 INVATINGSTILL TO