

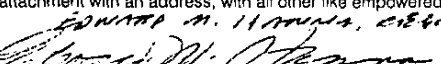


**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M80413</b>				<b>Apr 16, 2007 08:00</b> <b>Secretary of State</b>	
1. Entity Name <b>SINDERA CORPORATION</b>					
Principal Place of Business <b>6508 E FOWLER AVE TEMPLE TERRACE, FL 33617</b>		Mailing Address <b>6508 E FOWLER AVE TEMPLE TERRACE, FL 33617</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
		01162007 No Chg-P CR2E034 (11/05)			
		4. FEI Number <b>59-2891564</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HANNA, LEMAR, &amp; MORRIS, CPAS, PA 6508 E FOWLER AVE TEMPLE TERRACE, FL 33617</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ (NOTE: Registered Agent signature required on reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				000000710446 04/25/07-00042-025 150.00	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE	DPV				
NAME	KLOTI, ALBERT B.				
STREET ADDRESS	35 SUNSET HEIGHTS				
CITY-ST-ZIP	SINGAPORE, 597416				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: <b>4/6/07</b>		Daytime Phone #: <b>(813) 955-1292</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					