

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M86818

FILED
Apr 28, 2007
Secretary of State

Entity Name: EMANDI COMMERCIAL PROPERTIES, INC.

Current Principal Place of Business:

13904 LAKESHORE BLVD.
SUITE 410
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

13904 LAKESHORE BLVD
#410
HUDSON, FL 34667 US

New Mailing Address:

FEI Number: 59-2902671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMANDI, VARALAXMI
5723 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652 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: DPS () Delete
Name: EMANDI, VARALAXMI
Address: 5723 WEST SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL

Title: VP () Delete
Name: EMANDI, V RAO
Address: 5723 WEST SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: EMANDI, VARALAXMI
Address: 5723 WEST SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VARALAXMI EMANDI

PS

04/28/2007

Electronic Signature of Signing Officer or Director

Date