2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State
06-13-2008 90001 011 ****61.25

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DOCUMENT # N07000003019

1. Entity Name
SHANIYO FOUNDATION INC.

Principal Place of Business	Mailing Address
5062 EASTWINDS DR ORLANDO, FL 32819	5062 EASTWINDS DR ORLANDO, FL 32819

05282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 247 N. AMELIA AVE.	Suite, Apt. #, etc. 247 N. AMELIA AVE.
City & State DELAND FL	City & State DELAND FL
Zip 32724 Country USA	Zip 32724 Country USA

4. FEI Number 01-0890365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATEL, BIMAL 5062 EASTWINDS DR ORLANDO, FL 32819	Name PATEL BIMAL Street Address (P.O. Box Number is Not Acceptable) 247 NORTH AMELIA Ave City DELAND FL Zip Code 32724

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 Bimal (BIMAL PATEL) June 5 08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, BIMAL 5062 EASTWINDS DR ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PATEL BIMAL 247 N. AMELIA AVE DELAND FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, RAMESH 5062 EASTWINDS DR ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PATEL RAMESH 247 N. AMELIA AVE DELAND FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, DHARMISTA 5062 EASTWINDS DR ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PATEL DHARMISTA 247 N. AMELIA AVE DELAND FL 32720
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: Bimal JUNE 5 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #