FILED Mar 23, 2007 08:00 AM Secretary of State

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	AIIIIVAE					
1. Entity Name	DOCUMENT # N9600000340 I. Entity Name ANNA-DEVI PROMOTIONS, INC.					·
Principal Place 5200 SW 3RI PLANTATION	D STREET	Mailing Address 5200 SW 3RD STREET PLANTATION, FL 33317			IT 1877 GIN FINI 1877 FINI	OGIN BENY BERTA INN GIVIN BENYER DI JERT
DO NOT WRITE IN THIS SPAC			CE	03182007 No Chg-NP CR2E037 (4/06) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SUBRAMANI, SAM 5200 SW 3RD STREET PLANTATION, FL 33317			DO NOT WRITE 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 bits if applicable. (NOTE: Registered Agent signature required when remistating)						
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be od to Fees 93/30/07-80093-007 61.25		
10.	OFFICERS AND D	RECTORS	1	·······		
TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SUBRAMANI, SAM 5200 SW 3RD STREET PLANTATION, FL 33317 D SUBRAMANI, RANNIE 5200 SW 3RD STREET PLANTATION, FL 33317 D					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUBRAMANI, MELISSA 5200 SW 3RD STREET PLANTATION, FL 33317 D SUBRAMANI, CHRISTINA 5200 SW 3RD STREET PLANTATION, FL 33317	DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						

12. I hereby certify that the information supplied with this filling 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 according 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:

STREET ADDRESS CITY-ST-ZIP

n on protection

ARCh 19 2007

954-714.344