


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 033 ***150.00

DOCUMENT # P00000033173		
1. Entity Name PRIYAH LIMITED, INC.		

Principal Place of Business 15589 S. APOKA VINELAND RD. ORLANDO, FL 32821	Mailing Address 15589 S. APOKA VINELAND RD. ORLANDO, FL 32821
---	---

2. Principal Place of Business 4614 S. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. 4614	3. Mailing Address 4614 S. ORANGE BLOSSOM TR Suite, Apt. #, etc. 4614
---	--

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32839	Country USA

02112006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3635995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARJANI, RAJESH F 15589 S. APOKA VINELAND ROAD ORLANDO, FL 32821-32839	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HARJANI, RAJESH F 15589 S APOKA VINELAND ROAD ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4614 S. ORANGE BLOSSOM TR #4616 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARJANI, RAMESH 15589 S APOKA VINELAND ROAD ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4614 S. ORANGE BLOSSOM TR #4616 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARJANI, DURU 15589 S APOKA VINELAND ROAD ORLANDO, FL 32821 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4614 S. ORANGE BLOSSOM TR #4616 ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **3-1-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #