

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033566

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: SHRI GANESH TITTO CORPORATION

**Current Principal Place of Business:**

11900 HARBOR COVE DRIVE SOUTH  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

11900 HARBOR COVE DRIVE SOUTH  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 59-3637209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROWE AND ROWE, P.A.  
9471 BAYMEADOWS RD., SUITE 203  
JACKSONVILLE, FL 32256 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: DP ( ) Delete  
Name: MODY, SUNIL  
Address: 11900 HARBOR COVE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV ( ) Delete  
Name: MODY, DHARATI  
Address: 11900 HARBOR COVE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DHARATI MODY

DV

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date