


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-06-2006 90034 033 ***150.00

DOCUMENT # P00000048727 1. Entity Name KRISHNA DEEP, INC.			
Principal Place of Business 550 BURNS AVENUE UNIT 125 LAKE WALES FL 33853		Mailing Address 550 BURNS AVENUE UNIT 125 LAKE WALES FL 33853	
2. Principal Place of Business 16311 HWY 27. Suite, Apt. #, etc.		3. Mailing Address 9520, WATER FORD OAKS DR. Suite, Apt. #, etc.	
City & State LAKE WALES FL. Zip 33859 Country FLOR.		City & State Winter Haven FL Zip 33889 Country FLOR.	
4. FEI Number 59-3647860		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 PATEL, KULIN S 550 BURNS AVE UNIT 125 LAKE WALES FL 33853 Winter Haven FL 33889		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	PSTD PATEL, KULIN S 350 BURNS AVENUE, SUITE 125 LAKE WALES FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: KULIN S. PATEL Feb/21/06 863/638-4303
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #