2007 FOR PROFIT CORPORATION . ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000085174

1. Entity Name SIRI SREE CORPORATION



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

140 GLENDALE ORLANDO, FL 32801 Mailing Address 4420 FM 1960 WEST SUITE 224 HOUSTON, TX 77068



04172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 74-2971744

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEATING, JOHN K 749 NORTH GARLAND AVE, STE 101 ORLANDO, FL 32801

HOUSTON, TX 77068

BELANGER, ANGELA 4420 FM 1960 WEST, STE 224

HOUSTON, TX 77068

749 NORTH GARLAND AVE, STE 101

KEATING, JOHN K

ORLANDO, FL 32801

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signalure, typed or printed name of registered agent and title t	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000741616 05/15/07-80036-005 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YALAMANCHILI, CHOWDARY 12204 CYPRESS COURT HOUSTON, TX 77065				
TITLE NAME STREET ADDRESS	AVP OMANDAM, OLGA 4420 FM 1960 WEST, STE 224			** *** *** *** *** *** *** *** *** ***	

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STREET ADDRESS
CITY-ST-ZIP

12. I nereby 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:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-SI-ZIP

CITY-ST-ZIP

TITLE

TITLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-72-67

1214441585

Daytime Phone #