2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2005 8:00 am **Secretary of State DOCUMENT # P00000092224** 1. Entity Name 02-23-2005 90074 004 ***150.00 DOWELL'S INTERNATIONAL INC. Principal Place of Business Mailing Address 4270 ALOMA AVE STE #124 WINTER PARK FL 32792 4270 ALOMA AVE STE #124 50018247 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3757123 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL, RAKESH 7851-C SHOALS DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 Brook FOO. 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 nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE 🔀 Detete TITLE ☐ Change ★ Addition PATEL, GARY NAME NAME Umangi 949 WESSON DRIVE Laurel Brook wof LI berry FL-32307 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE PATEL, RAKESH NAME NAME STREET ADDRESS 949 WESSON DRIVE STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED