## FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90212 016 \*\*\*150.00

FOR PROFIT CORPORATION

NIFORM BUSINESS REPORT (UBR)

Od-26-2006 9

DOCUMENT # P 0 1 000 002 983  1. Entity Name  C. IX. C. CYCUPULIC.  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 1928 State Road 2 West Suite, Apt. #, etc.  City & State Jaispart, F. etc.  City & State Jaispart, F. etc.  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  The above named entity submits this statement for the purpose of changing its registered agent and Address of Current Registered Agent Name ATAY GANDON  STREET ADDRESS GINT-ST-2IP  January 1. May 1 Fee is \$150.00  After May 1, Fee is \$450.00  After May 1, Fee is \$450.00  ARE Manaded URI Is 854.02  JANUARY 1. May 1 Fee is \$450.00  ATAY GANDH  NITLE NAME TYPE SEAL OF Fordise Denartment of State  JANUARY 1. May 1 Fee is \$450.00  ARE May 1. May 1 Fee is \$450.00  ARE May 1. May 1 Fee is \$450.00  ARE May 1. May 1 Fee is \$450.00  ARE Manaded URI Is 854.00  ATAY GANDH  THE NAME TYPE SEAL OF Fordise Denartment of State  JANUARY 1. May 1 Fee is \$450.00  ATAY GANDH  THE NAME TYPE SEAL OF FORDISE STREET ADDRESS STREET ADDR	UNIFORM BUSINESS REPORT (UBR)					04-26-2006 90212 016 ***130.00	
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 7928 State Road 2 West  Suite, Apt #, etc.  City & State Lasper, Fl.  Zip Country Zip Zireal Address of Current Registered Agent Name ATAN CANNON Sireal Address of Current Registered Agent Name ATAN CANNON Sireal Address (Fig. 8 by Number is Not Acceptable) Zip Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. Sichart Registered Agent in Address of Current Registered Agent in Address of Current Registered Agent Name ATAN CANNON Sireal Address (Fig. 8 by Number is Not Acceptable) Zip Code Zip Code Zip Z	DOCUMENT # D 01 000 002 983						
2. Principal Place of Business 7928 State Road 2 West  Suite, Apt. # etc.  City & State  Jasper, Fl  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Socretificate of Status Desired  Socretificate of Status Desired Socretificate  Name KTAY GINDH  Street Address of Current Registered Agent  Name KTAY GINDH  Street Address of Current Registered Agent  Name KTAY GINDH  Street Address of Current Registered Agent  Name KTAY GINDH  Street Address of Current Registered Agent  Name KTAY GINDH  Street Address of Current Registered Agent  Name KTAY GINDH  Street Address of Current Registered Agent  Name KTAY GINDH  Street Address of Current Registered Agent  Name KTAY GINDH  Street Address of Current Registered Agent  Name KTAY GINDH  Name KTAY GINDH  Name KTAY GINDH  Name KTAY GINDH  Name KTAY G	C.K.G. Group. Inc.						
Suite, Apt. 4, etc.   DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE					40064211	
Suite, Apt #, etc.  City & State  Jasper, FI  Zip  Zip  Country  S. Cerifficate of Status Desired   Se 53 Additional   Se 74 Additional   Sireet Address (FO, Box Number is Not Acceptable)  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi		3. Mailing Address					
Jasper, FI   Zip   Country   Zip   Country   Zip   Country   Signature   Sig		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
S. Certificate of Status Desired   Fee Required   Fee Required   Fee Required   Fee Required   Fee Required   Name AAY GANDM   Street Address (P.O. Box Number is Not Acceptable)   T128   S.R.   S.   T28   S.R.   S.   S.   S.   S.   S.   S.			City & State			· · · · · · · · · · · · · · · · · · ·	
Name DO NOT WRITE IN THIS SPACE    Street Address (P.O. Box Number is Not Acceptable)   TASPER		Country	Zip Country		ountry	5 Continue of Status Desired	
Street Address  City  FL  32050  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)  Arter May 1, Fee is \$510.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CIT							
IN THIS SPACE  TABLES  City FL 320052  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 hyped or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating)  After May 1. Fee is \$550.00  After May 1	DO NOT WRITE				MAY GENURI		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.  Signature Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  After May 1, Fee is \$150.00  After May 1, Fee is \$550.00  After M				Street Address'(P.O. Box Number is Not Acceptable)			
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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  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$560.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10.						F = 132.05 Z	
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CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 on an attachment with an address, with all other like empowered.  SIGNATURE:  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	AJAY GANDHI				_	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ľ	7928 S.R.61	W. JASKER FL			8	
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SIGNATURE: 24-15-06 886-792-1255	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						
SIGNATURE:		Cha.M.		J. U	January Hill	- 22 TOO 10	
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