


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000029090</b> 1. Entity Name DILIP, INC.	
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Principal Place of Business 12054 COLLEGIATE WAY ORLANDO, FL 32817	Mailing Address 12054 COLLEGIATE WAY ORLANDO, FL 32817
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**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-P CR2ED34 (11/05)

4. FEI Number 59-3704431	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PANCHAL, DILIP M 12054 COLLEGIATE WAY ORLANDO, FL 32817
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PANCHAL, DILIP M 2432 HICKORY OAK BLVD. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANCHAL, FALGUNI D 2432 HICKORY OAK BLVD. ORLANDO, FL 32817
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05/11/06-80034-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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.

<b>SIGNATURE:</b> <u>DILIP M. PANCHAL</u> <u>Dilip M. Panchal</u> <u>6/25/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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