

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053410

Entity Name: OM GURUJI INC

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

25000 US HWY. 19TH NORTH  
CLEARWATER, FL 337633918

## New Principal Place of Business:

## Current Mailing Address:

25000 US HWY. 19TH NORTH  
CLEARWATER, FL 337633918

## New Mailing Address:

FEI Number: 59-3738543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARMA, NARESH  
25000 US HWY. 19TH NORTH  
CLEARWATER, FL 337633918 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: SHARMA, MADHU  
Address: 7963 HARWOOD RD  
City-St-Zip: LARGO, FL 33777

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: SHARMA, NARESH  
Address: 7963 HARWOOD RD  
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NARESH SHARMA

P

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date