2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 14, 2008 8:00 am Secretary of State 03-14-2008 90038 033 ***150.00 40045742 03032008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 65-1112029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ■ Addition # A -1 33981 52 Change Ch ☐ Addition # A-1 33981 Onariotte ☐ Change ☐ Addition

DOCUMENT # P01000057321 1. Entity Name SANJAYNEAL, INC. Principal Place of Business Mailing Address: 13435 S MCCALL RD 7450 ROSEMONT DRIVE PORT CHARLOTTE, FL 33981 ENGLEWOOD, FL 34224 2. Principal Place of Business - No. P.O. Box # 3. Mailing Address 13435 5. Micael Rd Suite, Apt. #, etc. Suite, Apt. #, etc. # A-1 City & State City & State Port Charlotte 1ª Zip Country Country 33981 6. Name and Address of Current Registered Agent ANAND, VIPAN Street Address (P.O. Box Number is Not Acceptable) 7450 ROSEMONT DRIVE 13435 S. McCall Rd ENGLEWOOD, FL 34224 City Post Charlotte 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ☐ Delete TITLE ANAND, VIPAN NAME NAME 13435 S. McCall Rd 7450 ROSEMONT DRIVE STREET ADDRESS STREET ADDRESS ENGLEWOOD, FL 34224 CITY-ST-7/P CITY-ST-ZIP Port Charlotte. ☐ Delete TITLE TITLE ANAND, HEMISHA NAME NAME 13435 S. McCall Rd 7450 ROSEMONT DRIVE STREET ADDRESS STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD, FL 34224 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-78 Delete TITLE Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Mora

changed, or on an attachment

SIGNATURE: