2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008
Secretary of State

DOCUMENT# P01000082814

Entity Name: SHRI'S ENTERPRISES, INC.

Current Principal Place of Business:

15 IRON HORSE DRIVE
B 202
BEDFORD, NH 03110

New Principal Place of Business:

Current Mailing Address:

15 IRON HORSE DRIVE
B 202
GLASTONBURY, CT 06033

New Mailing Address:

15 IRON HORSE DRIVE
B 202
BEDFORD, NH 03110

FEI Number: 01-0658907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JETHANI, PINKY
266 WILSHIRE BLVD.,. SUITE 127
CASSELBERRY, FL 06033 US

Name and Address of New Registered Agent:

SRIVASTAVA, PRANYA
266 WILSHIRE BLVD.,. SUITE 127
CASSELBERRY, FL 06033 US

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: PRANYA SRIVASTAVA 02/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JETHANI, PINKY
Address: 15 IRON HORSE DRIVE, APT - B 202
City-St-Zip: BEDFORD, NH 03110

Title: STD ( ) Delete
Name: SRIVASTAVA, SAMEER
Address: 15 IRON HORSE DRIVE, APT - B 202
City-St-Zip: BEDFORD, NH 03110

Title: D ( ) Delete
Name: SRIVASTAVA, PRASHANT
Address: 15 IRON HORSE DRIVE, APT - B 202
City-St-Zip: BEDFORD, NH 03110

Title: D ( ) Delete
Name: SRIVASTAVA, ASHIMA
Address: 15 IRON HORSE DRIVE, APT - B 202
City-St-Zip: BEDFORD, NH 03110

Title: D ( ) Delete
Name: SRIVASTAVA, SUBHASH
Address: 15 IRON HORSE DRIVE, APT - B 202
City-St-Zip: BEDFORD, NH 03110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SRIVASTAVA, PRANYA
Address: 15 IRON HORSE DRIVE, APT - B 202
City-St-Zip: BEDFORD, NH 03110

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PRANYA SRIVASTAVA PD 02/15/2008
Electronic Signature of Signing Officer or Director Date