

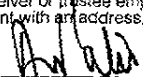


**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000084961</b> 1. Entity Name <b>NIDHINEHA INVESTMENT, INC.</b>				<b>Secretary of State</b>			
Principal Place of Business <b>1369 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114</b>		Mailing Address <b>1369 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114</b>					
<b>DO NOT WRITE IN THIS SPACE</b>							
		01112004 No Chg-P CR2E034 (10/03)					
		4. FEI Number <b>59-3747498</b>		Applied For Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PATEL, AMRISH 1369 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114</b>		<b>DO NOT WRITE IN THIS SPACE</b>					
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 (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		<div>UN00000010291 01/22/04-80024-022 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						P PATEL, AMRISH S 1369 S RIDGEWOOD AVE DAYTONA BEACH, FL 321146129	
TITLE NAME STREET ADDRESS CITY - ST - ZIP						VP PATEL, KALPAN A 1369 S RIDGEWOOD AVE DAYTONA BEACH, FL 321146129	
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS 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)(f), 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.							
SIGNATURE: 		1/22/04 386 252 6443 Date Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							