2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND FIFE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 22, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P0100009707	'9			Sec	cretary of State
1105A APAL	LACHEE PARWAY	Mailing Address 146 GLOVER LANE CRAWFORDVILLE, FL 32327				88 10 10 11 10 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11 15 11
DO NOT WRITE IN THIS SPACE			CE	03062005 No Chg-P CR2E034 (10/03) 4. FEI Number		
	6. Name and Address of Current Regis	stered Agent	J	1		Fee Required
BHARGAVA, BHUPENDRA N 146 GLOVER LANE CRAWFORDVILLE, FL 32327			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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				0.00 May Be U00000323236 04/22/05-80046-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P BHARGAVA, BHUPENDRA 146 GLOVER LANE CRAWFORDVILLE, FL 32327	ĈTORS.		= =		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STRICET ADDRESS CITY+ST-ZIP		· · · · · · · · · · · · · · · · · · ·			NOT W	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>	<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corporated.	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver of trustee empowere or on an attachment with an address, with al	iling does not qualify for the exer and accurate and that my signate d to execute this report as requir If other like empowered.	nption stated in Se ure shall have the s ed by Chapter 607	ction 119.07(3)(same legal effec , Florida Statute	 i), Florida Statutes, I I t as if made under oa s; and that my name 	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if