

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009417

FILED
Aug 15, 2005
Secretary of State

Entity Name: THANKA ENTERPRISES, INC.

Current Principal Place of Business:

266 WILSHIRE BLVD. #127
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

266 WILSHIRE BLVD. #127
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 05-0562426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHAN, OMANA
266 WILSHIRE BLVD. #127
CASSELBERRY, FL 32707 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: PD () Delete
Name: MOHAN, OMANA
Address: 266 WILSHIRE BLVD. #127
City-St-Zip: CASSELBERRY, FL 32707

Title: STD () Delete
Name: MOHAN, BHASKARAN
Address: 266 WILSHIRE BLVD. #127
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: MOHAN, AJIT
Address: 266 WILSHIRE BLVD. #127
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: MOHAN, ARTI
Address: 266 WILSHIRE BLVD. #127
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MOHANBHASKARAN

STD

08/15/2005

Electronic Signature of Signing Officer or Director

Date