2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

GNATURE: RAYLINA J. PA1EL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 10, 2005 8:00 am Secretary of State **DOCUMENT # P02000021268** 1. Entity Name DEEP SANKET, INC. 03-10-2005 90160 042 ***150.00 Principal Place of Business Mailing Address 203-A EAST CENTRAL AVENUE 248 RUBY LAKE LANE WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33884 **DUUZ4509** Mailing Address 2. Principal Place of Business 333 SOUTH IST STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For LAKE WALES 02-0559961 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, RAJENDRA Street Address (P.O. Box Number is Not Acceptable) 248 RUBY LAKE LANE WINTER HAVEN, FL 33884 333 SOUTH 1ST STREET 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. 3-5-05 RAJENDRA PATEL **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re stered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Addition Change PATEL, RAJENDRA J NAME NAME 333 SOUTH IST STREET STREET ADDRESS 248 RUBY LAKE LANE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 33853-4143 CITY-ST-ZIP LAKE WALES, IL TITLE ☐ Delete TITLE Ki Change ☐ Addition PATEL, AMITA NAME NAME 333 SOUTH IST STREET STREET ADDRESS 248 RUBY LAKE LANE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP LAKE WALES, FL 33853-4143 TITLE ☐.Defete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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)(i), 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

FILED