2003 FOR PROFIT CORPORATION

SIGNATURE:

Apr 28, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 04-14-2003 90114 035 ***150 00 P02000027857 DOCUMENT # 1. Entity Name SAI WORLD INTERNATIONAL, INC. JJUJ1474 Principal Place of Business Mailing Address 9501 NORCHESTER CIRCLE 9501 NORCHESTER CIRCLE TAMPA FL 33647 : TAMPA FL 33647 2. Principal Place of Business チ03 N-03 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. ROAD ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For AKELAN Not Applicable Zip F.4 3.3.8 \$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 ANDERSON, WALLACE B JR. Street Address (P.O. Box Number is Not Acceptable) 2202 NORTH WEST SHORE BLVD., STE. 200 TAMPA FL 33607-5747 N- COMREE 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 familia the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ଷ୍ପ TITLE ☐ Change ☐ Addition PATEL, HAMENT C ₫ NAME NAME 9501 NORCHESTER CIRCLE STREET ADDRESS STREET ADDRESS TAMPA FL 33647 CITY-ST-77P CITY-ST-7/P TITLE ☐ Delete TIDE Change Addition NAME BHAUSAR, MUKESH V NAME STREET ADDRESS 1336 RIVAGE CIRCLE STREET ADDRESS **BRANDON FL 33511** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MEENA PATEL NAME NAME 9501 Noceheater CR STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY, ST. 7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED

863-668-8866