

Sent By: RASKIN SHAH P.A.;

321 269 6677;

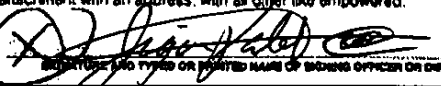
Jan

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90010 015 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50001377

DOCUMENT # P02000045958																											
1. Entity Name ANSH INC.																											
Principal Place of Business 355 KNOX MCRAE DRIVE TITUSVILLE, FL 32780		Mailing Address 355 KNOX MCRAE DRIVE TITUSVILLE, FL 32780																									
2. Principal Place of Business 1907 St. Rd 524 Suite, Apt. #, etc.		3. Mailing Address 1907 St. Rd 524 Suite, Apt. #, etc.																									
City & State Cocoa FL		City & State Cocoa FL																									
Zip FL 32926 Country Brevard		Zip 32926 Country Brevard																									
4. FEI Number 01-0878163		Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent PATEL, JIGAR 355 KNOX MCRAE DRIVE TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 except the obligations of registered agent.																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																											
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>PATEL, JIGAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>355 KNOX MCRAE DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TITUSVILLE, FL 32780</td> <td></td> </tr> </table>		TITLE	D	☐ Delete	NAME	PATEL, JIGAR		STREET ADDRESS	355 KNOX MCRAE DRIVE		CITY - ST - ZIP	TITUSVILLE, FL 32780		<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	☐ Delete																									
NAME	PATEL, JIGAR																										
STREET ADDRESS	355 KNOX MCRAE DRIVE																										
CITY - ST - ZIP	TITUSVILLE, FL 32780																										
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY - ST - ZIP																											
TITLE		☐ Change ☐ Addition																									
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 110.07(3)(1), 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: 		1/4/05 321-269-6677																									
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date Daytime Phone #																									