

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000085450</b>                        |  |
| 1. Entity Name<br><b>JAI SHIV SHANKAR DONUT CORP.</b> |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>12106 STEPPINGSTONE BLVD.<br/>TAMPA, FL 33635</b> | Mailing Address<br><b>12106 STEPPINGSTONE BLVD.<br/>TAMPA, FL 33635</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



07032006 No Chg-P CR2E034 (11/05)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>02-0637895</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                      |                                           |
|----------------------------------------------------------------------|-------------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|----------------------------------------------------------------------|-------------------------------------------|

**DO NOT WRITE IN THIS SPACE**

|                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>PATEL, CHIRAG<br/>12108 STEPPINGSTONE BLVD.<br/>TAMPA, FL 33635</b> |  |
|---------------------------------------------------------------------------------------------------------------------------|--|

**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 re-registering)

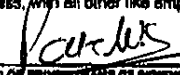
DATE

U000000569077  
07/06/06-90008-007 158.75**FILE NOW!! FEE IS \$150.00  
Due by September 8, 2006**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fee**In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                       |                                                                      |
|--------------------------------------------------|----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>PATEL, CHIRAG<br>12106 STEPPINGSTONE BLVD.<br>TAMPA, FL 33635   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>PATEL, VIRENDRA<br>12106 STEPPINGSTONE BLVD.<br>TAMPA, FL 33635 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                      |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **(VIRENDRA PATEL)**

x 7/3/06

x 813-561-9894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #