2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90273 009 ***158.75

DOCUMENT # P02000085849

1. Entity Name

SAADGURU CORPORATION

Principal Place of Business	Mailing Address
2946 PROVIDENCE LAKES BLVD BRANDON FL 33511 US	1955 GRAND ISLE DRIVE BRANDON FL 33511 US

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
		2946 Providence Lakes Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Brandon, FL	
Zip	Country	Zip: 33511	Country: USA

4. FEI Number 01-0741649 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAH, SOHAL H 1955 GRAND ISLE DRIVE BRANDON FL 33511	Name: ~~Shah~~ Shah, Sohal H. Street Address (P.O. Box Number is Not Acceptable): 10408 Heron Lake Dr. City: Riverview FL Zip Code 33569

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] DATE 3/31/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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		
TITLE	P	☐ Delete	TITLE	P	☑ Change ☐ Addition
NAME	SHAH, SOHAL H		NAME	Shah, Sohal H.	
STREET ADDRESS	1955 GRAND ISLE DR		STREET ADDRESS	10408 Heron Lake Dr	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	Riverview, FL. 33569	
TITLE	VP	☐ Delete	TITLE	VP	☑ Change ☐ Addition
NAME	SHAH, SUJATA S		NAME	Shah, Sujata S	
STREET ADDRESS	1955 GRAND ISLE DR		STREET ADDRESS	10408 Heron Lake Dr.	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP	Riverview, FL 33569	
TITLE		☐ Delete	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		
TITLE		☐ Delete	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		

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.

SIGNATURE: [signature] Sohal H. Shah 3/31/04 (813) 661-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #