## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 08:00 AM Secretary of State

| ANNUAL KEPUKI   |   |  |  | Secretary of State  |   |
|---|---|--|--|---|---|
| DOCUMENT # P02000091440  1. Entity Name NALA SUPER SEAM, INC.   |   | 0  |  | Secreta   | iry or state                            |
| Principal Place   |   | elling Address   | :  |   |   |
| 2652 E. FOWLER AVENUE 2652 E. FOWLER AVENUE TAMPA, FL 33612   |   |  |  |   |   |
|   | ,   | ,                            |  |   | ira vener han enek enek eetheet 10 veet |
| (   |   |  |  |   |   |
| DO NOT WRITE IN THIS SPACE  |   |  |  | 01162008 No Chg-P   | CR2E034 (11/05)                         |
| DO NOT WRITE IN THIS SPACE  |   |  | 4. FEI Number<br>E2 2275494              | Applied For   |   |
|   |   |  |  | 52-2375184  | { Not Applicable \$8.75 Additional      |
|   |   | ·  | <u> </u>                                 | 5. Certificate of Status Desired                              | Fee Required                            |
|   | 6. Name and Address of Current Regis  | tered Agent  | •  |   |   |
| DREYFUS, ANDRA T  |   |  |  | DO NOT WRITE  |   |
| 1463 GULF-TO-BAY BLVD.  |   |  |  |   |   |
| CLEARWATER, FL 33755  |   |  | IN THIS SPACE                            |   |   |
|   |   | i  |  |   |   |
| 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 again and tills if explicable (Note: Registered Again signature required when remaining) DATE  |   |  |  |   |   |
| <del>-</del>  | anginature, typed or Intries name in registation again and hite                                   | sabbacena lactic usdance   | or videur aniture: nim teditisea         | when (emstating)  | DAYE                                    |
| After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.   |   |  |  | .00 May Be<br>ed to Fees                                      |   |
| 10.   | OFFICERS AND DIREC  | TORS   | 1  |   |   |
| TITLE<br>Name   | D<br>SINGH, MOOKASH   |  |  |   |   |
| STREET ADDRESS  | 10122 QUEENS PARK DR.   | 1 -  | ł  | าร์สามาศาสตร์<br>เกียกการการการการการการการการการการการการการ | \$ 1 £310 km a                          |
| City-St-Zip   | TAMPA, FL 336473179   |  | 1  | ∙ΘύυυὐΨ<br>!-20\21\<Ω   | 90010-022 1 <b>50.</b> 00               |
| TITLE   |   |  | 1  | 00.10.00  | 30010 056 130,00                        |
| NAME<br>STOCET ACROSCO  |   |  |  |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  | Ē.                                       |   |   |
| TITLE   |   | · <del></del>  | ŧ  |   |   |
| NAME  |   |  | I  |   |   |
| STREET ADDRESS  | · ·-  | **   | ļ  | DO NOT WR   | ITE                                     |
| Csty-SI-Zip   |   |  | ł  |   |   |
| TITLE<br>NAME   |   | 4  | ŧ  | IN THIS SPA   | <b>NCE</b>                              |
| STREET ADDRESS  | -   |  | 1  |   |   |
| City-SI-Zip   |   |  | 1  | •   |   |
| TITLE   |   | •  | i .                                      |   |   |
| NAME<br>STREET ADDRESS  |   | 1  | [  |   |   |
| CITY-ST-ZIP   |   | :  | ]  |   |   |
| TITLE   |   | 1  | 1  |   |   |
| NAME<br>CIRCLI ADDRESS  |   |  | }  |   |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  | Į.                                       |   |   |
| 12. I hereby c  | ertify that the information supplied with this fi   | ling does not quality for the ex-                                  | emptions contained                       | in Chapter 119, Florida Statutes, I furt                      | her certify that the information        |
| of the cor  | on this report of supplemental report is true to<br>poration or the receiver or trustee empowered | ind accurate and that my signa<br>i to executedhis report as requi | ture shall have the stred by Chapter 607 | same legal effect as if made under oath                       | i; that i am an officer or director     |
| 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 cath; 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 impowered. |   |  |  |   |   |