

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112159

Entity Name: KULANGARAS, INC.

FILED  
Jun 30, 2005  
Secretary of State

## Current Principal Place of Business:

1830 S PINE AVE  
OCALA, FL 34476

## New Principal Place of Business:

10801SOUTHWEST91ST AVE  
OCALA, FL 34476

## Current Mailing Address:

9326 KNIGHT AVENUE  
DESPAINES, IL 60016

## New Mailing Address:

FEI Number: 51-0431635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THANKACHEN, SAM  
446 WEST HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MATHEW, PETER  
Address: 9326 KNIGHT AVENUE  
City-St-Zip: DESPLAINES, IL 60016 US

Title: D ( ) Delete  
Name: MATHEW, KULANGARA M  
Address: 1812 N. BRIDGE PLACE  
City-St-Zip: DOWNERS GROVE, IL 60516 US

Title: D ( ) Delete  
Name: MATHEW, JAIBU  
Address: 8725 LYONS  
City-St-Zip: DESPLAINES, IL 60016 US

Title: D ( ) Delete  
Name: MATHEW, POLSON  
Address: 5744 W. REBA  
City-St-Zip: MORTON GROVE, IL 60053 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MATHEW

PRES

06/30/2005

Electronic Signature of Signing Officer or Director

Date