2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126234

Entity Name: SAVANA, INC.

City-St-Zip:

KT3 3LZ UNITED KINGDOM,

FILED Aug 19, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DEN, SÚRRE`	0 KINGSTON ROAD Y KT3 3LZ OC	103 N.MERIDIAN ST. TALLAHASSEE, FL 3	2301 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	DEN, SÚRRE`	0 KINGSTON ROAD Y KT3 3LZ OC	103 N. MERIDIAN ST. TALLAHASSEE, FL 3	2301 US	
FEI Number:	98-0404452	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
103 N. MEI	ECT AGENTS RIDIAN ST. SSEE, FL 3230	01 US			
The above in the State		submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	O'DELL, CHRIS	N HOUSE NEW MALDEN SURREY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHAWLA, SUKI	N HOUSE NEW MALDEN SURREY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	GOSSAIN, SÜK	Delete HDEEP RAJ ON HOUSE NEW MALDEN SURREY	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: SUKHWINDER T CHAWLA D 08/19/2004