


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000002016  
 1. Entity Name  
 DHARA, INC.



Principal Place of Business  
 DHARA INC  
 1823 LONGWOOD LK MERY RD  
 LONGWOOD, FL 32750

Mailing Address  
 DHARA INC  
 1823 LONGWOOD LK MERY RD  
 LONGWOOD, FL 32750

**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 14-1864500 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAH, KETAN  
 79 BRAELOCH DR.  
 OCOEE, FL 34761

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SHAH, KETAN
STREET ADDRESS	79 BRAELOCH DR.
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	VT
NAME	SHAH, RAXA
STREET ADDRESS	79 BRAELOCH DR.
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000425906  
 02/20/06-80022-017 150.00

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: [Signature] 2.1.06 407.621.1007

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