


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90036 037 ***150.00

DOCUMENT # P03000027533		
1. Entity Name SHAYONA INC.		

Principal Place of Business 16520 S. TAMiami TRAIL 4B FORT MYERS, FL 33908 US	Mailing Address 16520 S. TAMiami TRAIL 4B FORT MYERS, FL 33908 US
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40004639



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01062005 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 56-2325112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NAIK, CHANDRAJEET R 5712 FOXLAKE DRIVE 08 NORTH FORT MYERS, FL 33917	
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7. Name and Address of New Registered Agent Name RODERICK D. MCLEOD Street Address (P.O. Box Number is Not Acceptable) 2419 EAST MALL DR City FT. MYERS FL Zip Code 33901	
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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 <u>Roderick D. McLeod</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, ARVIND P 3804 CENTRAL AVE # 201 FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAIK, CHANDRAJEET R 5712 FOXLAKE DRIVE # 98 NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PATEL, KAUSHIK M 754 PONDELLA RD # 131 NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHETH, BHAVESH J. 16520 S. TAMiami TRAIL FT. MYERS FL 33906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, NUTAN 16520 S. TAMiami TRAIL FT. MYERS FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SHETH, HARISH J. 16520 S. TAMiami TRAIL FT. MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>B. J. McLeod</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-11-05 Date	239-939-3635 Daytime Phone #
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