→ 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Jan 27, 2006 08:00 AN DOCUMENT # P03000041223 1. Entity Name **Secretary of State** SRI SAI, INC. Mailing Address Principal Place of Business 2900 NORTH A1A HIGHWAY 2900 NORTH A1A HIGHWAY INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 CR2E034 (11/05) 01042006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2345790 Not Applicable \$8.75 Additional 5. Cerbficate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PATIDAR, VANITA D 2900 NORTH A1A HIGHWAY INDIALANTIC, FL 32903 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 reintasting) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE NAME PATEL, JAGRUTI B STREET ADDRESS 271 LAKE SHORE DRIVE CITY-ST-7IP MERRITT ISLAND, FL 32953 D TITLE 02/03/06-80029-002 150.00 PATIDAR, VANITA D NAME STREET ADDRESS 2900 NORTH A1A HIGHWAY INDIALANTIC, FL 32903 CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY-ST-ZIP

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 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:

TITLE
NAME
STREET ADDRESS
CETY-ST-ZIP

LA GITL OF U. B. LELE OF DESCRIPTION OF DESCRIPTION

1-6-06

321-635-9975

Daytime Phone #