2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080063

Entity Name: PREPAIDRUS.COM, INC

FILED May 02, 2005 Secretary of State

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|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 812 SW 19 PEMBRON | 91 LANE KE PINES, FL | 33029 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 812 SW 19 PEMBRON | 91 LANE KE PINES, FL | 33029 | | | |
| FEI Number | : 20-0103349 | 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: | |
| 812 SW 19 | MOHAMMAD 91 LANE KE PINE, FL (| 33029 US | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| | | 93(2)(b), F.S., the corporation did nong Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P (MAHAMMAD, I 3965 FERN FO COOPER CIT | OREST ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SATTAR, MOH 812 SW 191 L | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | LAKHANI, JAN 1430 AVON LA | | Title: Name: Address: City-St-Zip: | () 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.

SIGNATURE: MOHAMMAD SATTAR VP 05/02/2005