2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P03000102428 04-28-2005 90182 036 ***150.00 YOGI INTERNATIONAL INC COLPUUPL Principal Place of Business Mailing Address 2419 EAST MALL DRIVE 3150 LA COSTA CIRCLE FORT MYERS, FL 33901 US APT. #203 NAPLES, FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCLEOD, RODERICK D Street Address (P.O. Box Number is Not Acceptable) 2419 EAST MALL DRIVE FORT MYERS, FL 33901 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Change ■ Addition SHETH, HARISH J SHETH, HARISH J NAME NAME 3150 LA COSTA CIRCLE 3511 CLEVELAND AVE STREET ADDRESS STREET ADDRESS APT # 203 NAPLES CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-7IP FL 34105 TITLE ☐ Defete TITLE Change Ch ■ Addition SHETH BHAVESH J 3150 LA COSTA CIRCLE APT #203 SHETH, BHAVESH J NAME NAME STREET ADDRESS 3511 CLEVELAND AVE STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SHETH, JITENDRA A NAME NAME STREET ADDRESS 3511 CLEVELAND AVE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 eath; 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:

HARISH SHETH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

239-513-2122

FILED