2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 21, 2008 08:00 Al Secretary of State DOCUMENT # P03000103362 1. Entity Name KRUTHI, INC. Principal Place of Business Mailing Address 5891 S. MILITARY TR. 5891 S. MILITARY TR. LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0235514 Not Applicable Zip Country Country Zip \$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 KUMAR, AJAY Street Address (P.O. Box Number is Not Acceptable) 5891 S. MILITARY TR. LAKE WORTH FL 33463 City Zip Code 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. of requisioned agent and the Templicable. (NOTE: Redistored Aper IIs deplure required when reinstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Dürete TITLE ☐ Change Addition KUMAR, AJAY NAME NAME ns/n7708-80046-002 150.00 STREET ADDRESS 5891 S. MILITARY TR., S.13 STREET ADDRESS LAKE WORTH FL 33463 CITY ST-7/2 CITY-ST-2IP TITLE De ete ☐ Change Addition NAME KUMAR, AJAY MARKE STREET ADDRESS 5891 S. MILITARY TR. S.13 STREET ADDRESS LAKE WORTH FL 33463 CITY-ST-ZIF CITY-ST-ZIP De-ete TITLE F TITI E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Derete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Derete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 7IP TIT: F ☐ Derete TITLE ☐ Change Addition NAM" NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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: __

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIFFECTOR

03/3/108 564433-028