2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 31, 2008 08:00 A **Secretary of State** DOCUMENT # P03000124166 1. Entity Name PRASHNI, INC. Mailing Address Principal Place of Business 4450 WEST HILLSBORO BLVD. 4450 WEST HILLSBORO BLVD. COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 02272008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPAC Applied For 4. FEI Number 30-0214758 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PATEL, PARUL P 4450 WEST HILLSBORO BLVD. COCONUT CREEK, FL 33073 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 04/10/08-80114-023 150.00 OFFICERS AND DIRECTORS 10. TITLE PATEL, PARUL P NAME STREET ADDRESS 465 NW 115 WAY CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-421-2408

FILED