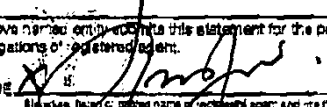
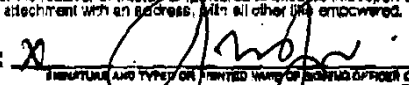


Apr 29 2005 8:30PM Sonu Shukla, CPA

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90114 026 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000136645			
1. Entity Name GANGA INTERNATIONAL, INC.			
Principal Place of Business 318 BELHAVEN FALLS COURT OCFEE, FL 34761 US		Mailing Address 318 BELHAVEN FALLS COURT OCFEE, FL 34761 US	
3. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip Country	
4. Name and Address of Current Registered Agent PASEM REDDY KAVITHA 318 BELHAVEN FALLS COURT OCFEE, FL 34761		4. PEI Number 20-0411983	
5. Name and Address of New Registered Agent Name Rajat Chopra Street Address (P.O. Box Number is Not Acceptable) 318 Belhaven Falls Dr City OCFEE FL 34761		Applied For ☐ Not Applicable	
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
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, the registered agent.			
SIGNATURE  DATE			
NOTE: Registered Agent Signature required when registering.			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$8.00 (May Be Added to Fees)			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS			
TITLE	PASEM REDDY, KAVITHA ☒ Delete	TITLE	Rajat Chopra ☒ Change ☒ Addition
NAME	PASEM REDDY, KAVITHA	NAME	Rajat Chopra
STREET ADDRESS	318 BELHAVEN FALLS COURT	STREET ADDRESS	318 Belhaven Falls Dr
CITY-ST-ZIP	OCFEE, FL 34761	CITY-ST-ZIP	OCFEE FL 34761
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify 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 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 info empowered.			
SIGNATURE:  DATE 4/30/05			
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			