
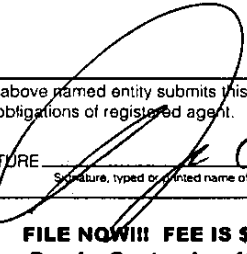
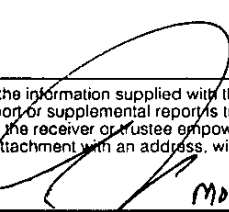


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90010 002 \*\*\*150.00

<b>DOCUMENT # P03000141394</b> 1. Entity Name <b>JYOTI ENTERPRISES, INC.</b>					
Principal Place of Business <b>2304 SOUTH KIRKMAN RD. ORLANDO, FL 32811</b>			Mailing Address <b>2304 SOUTH KIRKMAN RD. ORLANDO, FL 32811</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0471793</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHULANI, NILESH M 9326 LK. FISCHER BLVD. GOTHA, FL 34734</b>				7. Name and Address of New Registered Agent Name <b>CHULANI MOHAN A</b> Street Address (P.O. Box Number is Not Acceptable) <b>9326 LK. FISCHER BLVD</b> City <b>GOTHA</b> FL <b>34734</b>	
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  <b>CHULANI MOHAN A</b> DATE <b>05/01/08</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES NILESH, CHULANI M PRES 2304 SOUTH KIRKMAN ROAD ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CHULANI MOHAN A PRES 2304 S. KIRKMAN RD ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CHULANI SONIA M SEC 2304 S. KIRKMAN RD ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CHULANI SONIA M SEC 2304 S. KIRKMAN RD ORLANDO, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CHULANI SONIA M SEC 2304 S. KIRKMAN RD ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CHULANI SONIA M SEC 2304 S. KIRKMAN RD ORLANDO, FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <b>MOHAN CHULANI PRES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>05/01/08</b> (407) 292-6444 <small>Daytime Phone #</small>		