2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007746

Entity Name: SAGAR DHARA INC.

FILED Mar 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

719 W WASHINGTON ST QUINCY, FL 32351

Current Mailing Address: New Mailing Address:

719 W WASHINGTON ST QUINCY, FL 32351

FEI Number: 11-3711260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATEL, CHANDRA KANT M
719 W WASHINGTON ST
QUINCY, FL 32351 US
PATEL, CHANDRAKANT M
719 W WASHINGTON ST
QUINCY, FL 32351 US

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.

SIGNATURE: CHANDRAKANT PATEL 03/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PATEL, CHHITU BHAI B PATEL, CHHITUBHAI B Name: Name: 719 W WASHINGTON ST 719 W WASHINGTON ST Address: Address: City-St-Zip: QUINCY, FL 32351 City-St-Zip: QUINCY, FL 32351

 Name:
 PATEL, NARÈN DRA A
 Name:
 PATEL, NARÈNDRA A

 Address:
 719 W WASHINGTON ST
 Address:
 719 W WASHINGTON ST

 City-St-Zip:
 QUINCY, FL 32351
 City-St-Zip:
 QUINCY, FL 32351

Title: S () Delete Title: S (X) Change () Addition Name: PATEL, CHANDRA KANT M Name: PATEL, CHANDRAKANT M

Address: 719 W WASHINGTON ST Address: 719 W WASHINGTON ST City-St-Zip: QUINCY, FL 32351 City-St-Zip: QUINCY, FL 32351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANDRAKANT PATEL S 03/14/2009