

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90037 018 ***150.00

DOCUMENT # P04000012778	
1. Entity Name NANDBHARTI, INC.	



Principal Place of Business 2220 S. BYRON BUTLER PKWY. PERRY FL 32348 US	Mailing Address 2220 S. BYRON BUTLER PKWY. PERRY FL 32348 US
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2. Principal Place of Business 2220 US 19 South	3. Mailing Address 2220 US 19 South
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Perry FL	City & State Perry FL
Zip 32348	Country USA

4. FEI Number 43-2046042	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, NANDU 2220 S. BYRON BUTLER PKWY. PERRY FL 32348	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME PATEL, NANDU	
STREET ADDRESS 2220 S. BYRON BUTLER PKWY.	
CITY- ST- ZIP PERRY FL 32348	
TITLE VP	<input type="checkbox"/> Delete
NAME PATEL, BHARTI	
STREET ADDRESS 2220 S. BYRON BUTLER PKWY.	
CITY- ST- ZIP PERRY FL 32348	
TITLE TREA	<input type="checkbox"/> Delete
NAME PATEL, NANDU	
STREET ADDRESS 2220 S. BYRON BUTLER PKWY.	
CITY- ST- ZIP PERRY FL 32348	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. 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 like empowered.

SIGNATURE: President	Date: 2-22-05	Daytime Phone #: 850-584-6231
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