2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRILED NAME OF SIGN

Aug 22, 2006 8:00 am Secretary of State DOCUMENT # P04000012778 1. Entity Name 08-22-2006 90030 039 ***550.00 NANDBHARTI, INC. Principal Place of Business Mailing Address 2220 US 19 SOUTH PERRY FL 32348 2220 US 19 SOUTH **PERRY FL 32348** 2. Principal Place of Business 3. Mailing Address 2220 US 19 SOUTH 2220 US 19 Jinth Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) City & State City & State 4. FEI Number Applied For 32348 43-2046042 Not Applicable Country JA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, NANDU 2220 S. BYRON BUTLER PKWY. Street Address (P.O. Box Number is Not Acceptable) **PERRY FL 32348** Zip Code City 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. Lam familiar with, and accept the obligations of registered agent. NANDU PATEL (NOTE: Registered Agont signature required when reinstating) SIGNATURE . Signature, typed or printed name of regis FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE ☐ Change Addition PATEL, NANDU NAME 2220 S. BYRON BUTLER PKWY. STREET ADDRESS STREET ADDRESS **PERRY FL 32348** CITY-ST-74P CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition PATEL, BHARTI NAME MARKE 2220 S. BYRON BUTLER PKWY. STREET ADDRESS STREET ADDRESS **PERRY FL 32348** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ■ Addition PATEL, NANDU NAME NAME 2220 S. BYRON BUTLER PKWY. STREET ADDRESS STREET ADORESS **PERRY FL 32348** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Delete TITLE TITS F Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 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.

Namely Petel 8-18-06 850:584-623)

Defice of Director

FILED