2007 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS City-ST-ZIP

FILED **ANNUAL REPORT** Jan 05, 2007 08:00 AM DOCUMENT # P04000012778 **Secretary of State** NANÓBHARTI, INC. Principal Place of Business Mailing Address 2220 US 19 SOUTH 2220 US 19 SOUTH PERRY, FL 32348 US PERRY, FL 32348 No Cha-P CR2E034 (11/05) 01032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2046042 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, NANDU DO NOT WRITE 2220 S. BYRON BUTLER PKWY. **PERRY, FL 32348** IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PATEL, NANDU NAME STREET ADDRESS 2220 S. BYRON BUTLER PKWY. CITY-ST-ZIP PERRY, FL 32348 U00000576830 VP 01/05/07-80002-005 150.00 PATEL, BHARTI NAME STREET ADDRESS 2220 S. BYRON BUTLER PKWY. CITY-ST-ZIP PERRY, FL 32348 PATEL, NANDU STREET ADDRESS 2220 S. BYRON BUTLER PKWY. DO NOT WRITE CITY-ST-ZIP PERRY, FL 32348 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:	toly	~~	president	1-4-07	850-584-623
	SIGNATURE AND TYPED OR PRE	ITED HAME OF SIGNING OF	FIGER OR DIRECTOR	Date	Daytime Phone #