
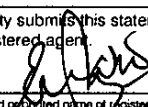
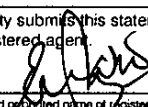
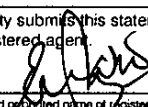
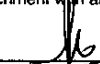


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -7 AM 10:35

DOCUMENT # P04000016169											
1. Entity Name KERICHO, INC.											
Principal Place of Business 4919 NW 34 ST GAINESVILLE, FL 32649			Mailing Address 4919 NW 34 ST GAINESVILLE, FL 32649								
2. Principal Place of Business 4909 NW 34th STREET		3. Mailing Address 4919 NW 34th Street									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State GAINESVILLE		City & State GAINESVILLE		4. FEI Number 20-0654145							
Zip FL 32605		Country ALACHUA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent PATEL, SURYAKANT 4919 NW 34 ST GAINESVILLE, FL 32649			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name PATEL SURYAKANT A. </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 4919 NW 34th Street </td> </tr> <tr> <td style="padding: 2px;"> City GAINESVILLE </td> <td style="padding: 2px;"> Zip Code FL 32605 </td> </tr> </table>			Name PATEL SURYAKANT A.		Street Address (P.O. Box Number is Not Acceptable) 4919 NW 34th Street		City GAINESVILLE	Zip Code FL 32605
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Street Address (P.O. Box Number is Not Acceptable) 4919 NW 34th Street											
City GAINESVILLE	Zip Code FL 32605										
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. <table style="width:100%;"> <tr> <td style="width:60%;"> SIGNATURE  </td> <td style="width:40%; text-align: right;"> AUG 17 2005 </td> </tr> <tr> <td style="font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. </td> <td style="font-size: small; text-align: right;"> DATE </td> </tr> </table>						SIGNATURE 	AUG 17 2005	Signature, typed or printed name of registered agent and title if applicable.	DATE		
SIGNATURE 	AUG 17 2005										
Signature, typed or printed name of registered agent and title if applicable.	DATE										
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE D	NAME PATEL, MANU A		TITLE P	NAME SURYAKANT A PATEL							
STREET ADDRESS 4919 NW 34 ST	STREET ADDRESS 4919 NW 34 ST		STREET ADDRESS 6529 MILLHOPPER ROAD	STREET ADDRESS 6529 MILLHOPPER ROAD							
CITY-ST-ZIP GAINESVILLE, FL 32649	CITY-ST-ZIP GAINESVILLE, FL 32649		CITY-ST-ZIP GAINESVILLE FL 32653	CITY-ST-ZIP GAINESVILLE FL 32653							
TITLE D	NAME PATEL, SURYAKANT		TITLE V/T	NAME MANESH A PATEL							
STREET ADDRESS 4919 NW 34 ST	STREET ADDRESS 4919 NW 34 ST		STREET ADDRESS 6529 MILLHOPPER ROAD	STREET ADDRESS 6529 MILLHOPPER ROAD							
CITY-ST-ZIP GAINESVILLE, FL 32649	CITY-ST-ZIP GAINESVILLE, FL 32649		CITY-ST-ZIP GAINESVILLE FL 32653	CITY-ST-ZIP GAINESVILLE FL 32653							
TITLE D	NAME PATEL, MANESH A		TITLE V/S	NAME MANU A PATEL							
STREET ADDRESS 4919 NW 34 ST	STREET ADDRESS 4919 NW 34 ST		STREET ADDRESS 6529 MILLHOPPER ROAD	STREET ADDRESS 6529 MILLHOPPER ROAD							
CITY-ST-ZIP GAINESVILLE, FL 32649	CITY-ST-ZIP GAINESVILLE, FL 32649		CITY-ST-ZIP GAINESVILLE FL 32653	CITY-ST-ZIP GAINESVILLE FL 32653							
TITLE 	NAME 		TITLE 	NAME 							
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 							
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 							
TITLE 	NAME 		TITLE 	NAME 							
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 							
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	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: 			Manu A. Patel								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date								
Daytime Phone #			352-378-2060								