2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90308 018 ***150.00

DOCUMENT # P04000016495

1. Entity Name
53 INDIA INC.

Principal Place of Business	Mailing Address
3238 A SOUTH FLORIDA AVE INVERNESS, FL 34451	3238 A SOUTH FLORIDA AVE INVERNESS, FL 34451

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5320 S Florida Ave	5320 S Florida Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Inverness Fl	Inverness Fl
City & State	City & State
34450	34450
Zip / Country	Zip / Country
USA	USA

4. FEI Number 34-1978556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARRITY, TERRI A 3238 A SOUTH FLORIDA AVE INVERNESS, FL 34451	Name: Garrity Terri A Street Address (P.O. Box Number is Not Acceptable): 5320 S. Florida Ave City: Inverness FL Zip Code: 34450

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARRITY, TERRI A 3238 A SOUTH FLORIDA AVE INVERNESS, FL 34451	☐ Delete	S Garrity, Terri A 5320 S. Florida Ave Inverness, FL 34450	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Terri A Garrity 4-26-05 (352) 726-3723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #