2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90017 022 ***150.00 **DOCUMENT # P04000021128** PREETI INTERNATIONAL INC. 40058755 Principal Place of Business Mailing Address 3329 CURRY FORD RD 1017 SOUTH KIRKMAN ROAD ORLANDO, FL 32806 ORLANDO, FL 32811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 81-0668393 Not Applicable Zip Country Zip Country \$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 KISHAN KUMAR KUMAR, KISHAN 3329 CURRY FORD RD Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32806 1017 South Kirkman RD #22 , DRLANDO City ORLANDO 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, types or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change DP TITLE ☐ Delete TITLE Addition KUMAR, KISHAN KUMAR, KISHAN NAME NAME 1017 SOUTH KIRKMAN RD # 22 STREET ADDRESS 3329 CURRY FORD RD STREET ADDRESS ORLANDO, FL 32806 DRUANDO FLORIDA CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete KUM AR, MEENA KUMAR, MEENA KISHAN NAMÉ NAME KIRKMAN 3329 CURRY FORD RD 1017 SOUTH STREET ADDRESS STREET ADDRESS ORLANDO, FL 32806 FLORIDA CITY-ST-ZIP CITY-ST-ZIP ORLANDO ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED