
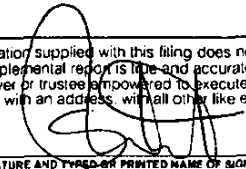


FILED  
May 07, 2007 8:00 am  
Secretary of State

04-12-2007 90027 049 \*\*\*\*50.00  
05-07-2007 90063 023 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P04000042000</b>			
1. Entity Name <b>LAXMI-BHAVAN INC.</b>			
Principal Place of Business <b>3941 TAMIAMI TRAIL 3169 PUNTA GORDA, FL 33950 US</b>		Mailing Address <b>3345 FOWLER ST FORT MYERS, FL 33901 US</b>	
2. Principal Place of Business - No P.O. Box # <b>29690 BEACON T RD</b>		3. Mailing Address <b>← SAME AS.</b>	
Suite, Apt., #, etc. <b># 4</b>		Suite, Apt., #, etc. <b>← SAME AS.</b>	
City & State <b>PUNTA GORDA, FL</b>		City & State <b>←</b>	
Zip <b>33982</b>	Country <b>U.S.A</b>	Zip <b>33982</b>	Country
4. FEI Number <b>280937848</b>		Applied For <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>MCLEOD, RODERICK D 2419 EAST MALL DRIVE FORT MYERS, FL 33901</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY - ST - ZIP <b>D PATEL, CHETAN 3941 TAMIAMI TRAIL UNIT 3169 PUNTA GORDA, FL 33950</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D PATEL, PANKAJ N. 1001 SOUTH STREET ROAD 7 PLANTATION, FL 33317</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>CHETAN PATEL</b>		Date <b>4/10/07</b> Daytime Phone # <b>941-2861679</b>	