2008 FOR PROFIT CORPORATION

Mar 27, 2008 8:00 am Secretary of State **ANNUAL REPORT** 03-27-2008 90034 013 ***150.00 DOCUMENT # P04000068754 SWAMI BAPA'S KRUPA INC. 40052764 Principal Place of Business Mailing Address **5448 TREIG LANE 5448 TREIG LANE** WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5th AUE N. 4059 3/603 SPOON FLOWER CIN Suite, Apt. #, etc. Suite-Apt. #, atc.-02192008 - Chg-P CR2E034 (12/06) Applied For City & State City & State 4 FELNumber SAINT PETERSBURG WESLEY CHAPEL 04-3790037 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired FCOSA 3354**\$** USA Fee Required! 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ďΥ PATEL, CHIRAGKUMAR 5448 TREIG LANE 3 33544 WESLEY CHAPEL, FL 33544 Street Address (P.O. Box Number is Not Acceptable) 31603 SPOON FLOWER CIRCLE CHAPEL 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE PATEL, VAIBHAVI NAME NAME 31603 SPOON STREET ADDRESS 5448 TREIG LANE STREET ADDRESS FLOWER CIRCLE CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP FL 33545 TITLE ☐ Delete PATEL, CHIRAGKUMAR NAME NAME CINCLE STREET ADDRESS 5448 TREIG LANE STREET ADDRESS 31603 SPOON FLOWER CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP ☑ Change ☐ Addition TITLE Delete TITLE PATEL, KEVALKUMAR NAME NAME 31603 SPOON FLOWER CIRCLE STREET ADDRESS 5448 TREIG LANE STREET ADDRESS WESLEY CHAPEL, FL 33544 CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL 33545 TITLE ☐ Defele TITLE Change Addition PATEL, NARESHKUMAR N NAME NAME 31603 SPOON FLOWER STREET ADDRESS 5448 TREIG LANE STREET ADDRESS WESLEY CHAPEL, FL 33544 CITY-ST-ZIP CITY-ST-7IP FL 33545 Detete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 if ...changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

MADRESH PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOGID ENI

727-323-1302

Daytime Phone #

FILED