


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

|   |  |                                 |  |   |  |
|---|--|---------------------------------|--|---|--|
| <b>DOCUMENT # P04000091649</b><br>1. Entity Name<br><b>ARYADEV CORP.</b>  |  |                                 |  |  |  |
| Principal Place of Business<br><b>5111 BAYMEADOWS RD<br/>16<br/>JACKSONVILLE FL 32217<br/>US</b>  |  |                                 | Mailing Address<br><b>5111 BAYMEADOWS RD.<br/>16<br/>JACKSONVILLE FL 32217<br/>US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |  |
| 4. FEI Number <b>20-1259015</b>   |  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                                 |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PATEL, ARVINDBHAI R<br/>8976 EASTERN RIVER DR<br/>JACKSONVILLE FL 32257</b>   |  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                 |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |                                 | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees               |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | PTD<br>PATEL, ARVINDBHAI R<br>8976 EASTERN RIVER DR<br>JACKSONVILLE FL 32257 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | U00000611935<br>02/02/07-80086-023 150.00   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | VSD<br>PATEL, MEENA A<br>8976 EASTERN RIVER DR.<br>JACKSONVILLE FL 32257     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:** Arvind Patel **DATE:** 1/29/07 **PHONE:** (904) 448-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR