2005 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90413 046 ***500.00

DOCUMENT # P 0 4 0000 958 45

1. Entity Nar	DHI INDIAH REG	•	, INC.			
	DO NOT WRITE	IN THIS SP	ACE			
2. Principal Place of Business 3. Mailing Address 9041 SOUTHSIDE BLVD 9041 SOUTHSIDE BLVD.				2.		
Suite, Apt. #, etc. SUITE 181 SUITE 181				DO NOT WRITE IN THIS SPACE		
City & Sta プA C A	SONVILLE FL	City & State JACKSONVI	LLE FL	I -	Number -0725961	Applied For Not Applicable
Zip 3225	Country	Zip 32256	Country		tificate of Status Desired	\$8.75 Additional Fee Required
			Nome		and Address of Current Registe	red Agent
DO NOT WOITE				BALBIR SINGH Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE			9041 SOUTHSIDE BLYO			
			SUIT	E 18	1	
			City JAC	KSON	! V I L- L- L-	L 32956
8. The above	e named entity submits this statement for t	he purpose of changing its re	egistered office or registe	ered agent	or both, in the State of Florida.	
SIGNATURE						
O. This same	Signature, typed or printed name of registored agent and		Registered Agent signature require y 1 Fee is \$150.00	red when reinsta	ting) DATE	
Tax filing requirement and elects to do so. After May 1 Amended			, Fee is \$550.00 UBR is \$61.25 to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND DI	RECTORS	TITLE			
NAME	BALBIR SINGH	•	NAME			
STREET ADDRESS CITY-ST-ZIP	LIGHT GOOT HOTOR DEVE	STE 181	STREET ADDRESS CITY-ST-ZIP			
TITLE	JACKSONVILLE FL	32756	TITLE			
NAME	GURDIAL K. SIN	GH	NAME			
STREET ADDRESS CITY-ST-ZIP	JACK SONVILLE FL	VP STE 181	STREET ADDRESS CITY-ST-ZIP			
TITLE	The state of the s		TITLE		,	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST- HP		DO NOT WR	RITE -
TITLE NAME			TITLE NAME		IN THIS SPA	CE
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		··································	
NAME	,		TIFLE NAME			
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS			
TITLE			CITY-ST-ZIP TITLE			· .
NAME	1					
STREET ADDRESS			NAME STREET ADDRESS			

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: BALBIR SINGH Balbir Smyl

4/27/05