


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90074 027 ***150.00

DOCUMENT # P04000096342	
1. Entity Name LORD SHIVA ENTERPRISES, INC	

Principal Place of Business 10401 US HWY 441 SUITE 94 LEESBURG, FL 34788 US	Mailing Address PO BOX 498564 LEESBURG, FL 34740 US 10401 US HWY 441 SUITE 94 LEESBURG, FL 34788
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 10401 US HWY 441 SUITE # 94
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City & State LEESBURG	City & State LEESBURG
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Zip FL	Country	Zip 34788	Country
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00016070



02032008 Chg-P CR2E034 (11/05)

4. FEI Number 20-1284283	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATEL, YOGENDRA C 10935 LAKE HARRIS CIRCLE TAVARES, FL 32778	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code FL

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME PATEL, YOGENDRA C	
STREET ADDRESS 10935 LAKE HARRIS CIRCLE	
CITY-ST-ZIP TAVARES, FL 32788	
TITLE VP	<input type="checkbox"/> Delete
NAME PATEL, PRAVINA Y	
STREET ADDRESS 10935 LAKE HARRIS CIRCLE	
CITY-ST-ZIP TAVARES, FL 32788	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **2/2/2006** **352 787 0333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #