

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102913

Entity Name: TULSI FOOD INC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

4130 ROWAN ROAD
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

4512 GRAND BLVD
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 20-1352983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, JAYANTIBHAI T
6213 12TH AVE
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/S () Delete
Name: PATEL, JAYANTIBHAI T
Address: 6213 12TH AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP () Delete
Name: PURNIMA, PATEL J
Address: 6213 12TH AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: PATEL, JAYANTIBHAI T
Address: 6213 12TH AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAYANTIBHAI T PATEL

PS

04/28/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date