08/09/2005 09:52 FAX 3867886808 Maddy Blackwell

FILED
Aug 15, 2005 8:00 am
Secretary of State
08-15-2005 90077 004 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104676

1. Entity Name
SWAMI WATCH CORPORATION

50061447

Principal Place of Business	Mailing Address
~~1700~~ 1704 G RAVENWOOD CIRCLE RAVENWOOD APT #1704-G KISSIMMEE, FL 34741	1704 G 1700 RAVENWOOD CIRCLE RAVENWOOD APT #1704-G KISSIMMEE, FL 34741

05092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 4301 W. VINE ST.
Suite, Apt. #, etc.: B-25/27 & 21/23
City & State: KISSIMMEE-FL / OSCEOLA Country
Zip: 34746

3. Mailing Address: VIPULKUMAR D. PATEL
1704-G RAVENWOOD CIRCLE
~~Suite, Apt. #, etc~~
City & State: KISSIMMEE-FL
Zip: 34741 Country: OSCEOLA

4. FEI Number: 20-1360707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PATEL, VIPULKUMAR D
1704 G ~~1700~~ RAVENWOOD CIRCLE
RAVENWOOD APTS 1704 G
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 V. D Patel
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL, VIPULKUMAR D		NAME	
STREET ADDRESS	1700 RAVENWOOD CR RAVENWOOD APT 1704 G		STREET ADDRESS	1704 G RAVENWOOD APT G
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	KISSIMMEE-FL- CIRCLE 34741
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PATEL, SUNITABEN V		NAME	
STREET ADDRESS	1700 RAVENWOOD CR RAVENWOOD APT 1704 G		STREET ADDRESS	1704 RAVENWOOD APT G
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	KISSIMMEE-FL- CIRCLE 34741
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: V. D Patel 8/9/05 407 396 9663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #