


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90200 032 \*\*\*150.00

<b>DOCUMENT # P04000119913</b> 1. Entity Name <b>GAJANAN INTERNATIONAL TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>5808 SW 95TH STREET</b> <b>GAINESVILLE, FL 32608 US</b>			Mailing Address <b>P. O. BOX 357754</b> <b>GAINESVILLE, FL 32635--775 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>1111 SW 16th AVENUE</b>		Suite, Apt. #, etc.			
City & State <b>GAINESVILLE, FL</b>		City & State			
Zip <b>32601</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>55-0883610</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KARL, FREDERICK B JR.</b> <b>201 NORTH FRANKLIN STREET</b> <b>SUITE 2100</b> <b>TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>AMAR B. SHAH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 SW 16th AVENUE</b> City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32601</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <b>SHAH, AMAR B</b> <del><b>5808 SW 95TH STREET</b></del> <del><b>GAINESVILLE, FL 32608</b></del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SUMMERS, THOMAS</b> <b>5808 SW 95TH STREET</b> <b>GAINESVILLE, FL 32608</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>PATEL, RAMESH</b> <del><b>5808 SW 95TH STREET</b></del> <del><b>GAINESVILLE, FL 32608</b></del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>KARL, FREDERICK B JR.</b> <b>201 NORTH FRANKLIN STREET, SUITE 2100</b> <b>TAMPA, FL 33602</b>	<input checked="" type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SHAH, AMAR B</b> <b>1111 SW 16th AVENUE</b> <b>GAINESVILLE, FL 32601</b>	<input type="checkbox"/> Delete			
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: <u><i>Amar Shah</i></u> <span style="float: right;">4/19/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					