### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P04000147222** 1. Entity Name BHAKTI, INC. · i din roo. Principal Place of Business Mailing Address 331 W. SILVER STAR RD. 331 W. SILVER STAR RD. OCOEE, FL 34761 OCOEE, FL 34761 DO NOT WRITE IN THIS SPACE

## **FILED** Feb 27, 2006 8:00 am Secretary of State

02-27-2006 90050 034 \*\*\*150.00



#### 02152006

No Chg-P

CR2E034 (11/05)

4. FEI Number		Applied For
20-1800673	1	Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

-- 6. Name and Address of Current Registered Agent

PATEL, SMITA

# DO NOT WRITE

OCOEE, F	LVER STAR RD. L 34761		IN THIS	SPACE
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered office or	registered agent, or both, in the State	e of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Registered Agent signatu	e required when reinstating)	DATE
	E NOW!!!FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	• _ 9_ Election Campaign Financing.  Trust Fund Contribution.	\$5.00 May Be Added to Fees	•
10	OFFICERS AND DIRE	CTORS		
NAME STREET ADDRESS CITY-ST-ZIP	PSTD PATEL, SMITA Y 331 W. SILVER STAR RD. OCOEE, FL 34761			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			
TITLE NAME STREET ADORESS CITY-ST-ZIP				
<ol> <li>12. I hereby e indicated</li> </ol>	certify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the exemptions or and accurate and that my signature shall ha	intained in Chapter 119, Florida Stati ive the same legal effect as if made	tutes. I further certify that the information 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06

Daytime Phone #