2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000167744

Entity Name: KALSHINCORPORATED

FILED Nov 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place	of Business:
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590 SOUTH OAK AVENUE 310 MOCKINGBIRD RD

BARTOW, FL 33830 US DAVENPORT, FL 33896 US

Current Mailing Address: New Mailing Address:

590 SOUTH OAK AVENUE 310 MOCKINGBIRD RD

BARTOW, FL 33830 US DAVENPORT, FL 33896 US

FEI Number: 65-1245523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CENTRAL FLORIDA VISA GROUP, INC. DESAI, AL

590 SOUTH OAK AVENUE 7087 GRAND NATIONAL DR STE 102

BARTOW, FL 33830 US ORLANDO, FL 32819 US

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: A DESAI 11/04/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: KALSI, GURMITS Name: KALSI, GURMITS
Address: 154 LIVERPOOL RD Address: 310 MOCKINGBIRD RD

City-St-Zip: CADISHEAD, MANCHESTER, UK M44 5DD UK City-St-Zip: DAVENPORT, FL 33896 US

Name: VAISHI, LILA Name: VAISH, LILA

Address: 154 LIVERPOOL RD Address: 310 MOCKINGBIRD RD
City-St-Zip: CADISHEAD, MANCHESTER, UK M44 5DD UK City-St-Zip: DAVENPORT, FL 33896 US

Title: D () Delete Title: D (X) Change () Addition

Name: KALSI, SEEMA Name: KALSI, SEEMA

Address: 154 LIVERPOOL RD Address: 310 MOCKINGBIRD RD
City-St-Zip: CADISHEAD, MANCHESTER, UK M44 5DD UK City-St-Zip: DAVENPORT, FL 33896 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: G KALSI D 11/04/2005