


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90105 014 ***150.00

DOCUMENT # P05000006683	
1. Entity Name GURUKRUPA ENTERPRISE, INC.	

Principal Place of Business 1255 SNUG HARBOR DR CASSELBERRY, FL 32707	Mailing Address 1255 SNUG HARBOR DR CASSELBERRY, FL 32707
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2. Principal Place of Business Suite, Apt. #, etc. 1120, Meadow Lake way #206 City & State Winterspring - FL Zip 32708 Country Seminol	3. Mailing Address Suite, Apt. #, etc. 1120, Meadow Lake way #206 City & State Winterspring - FL Zip 32708 Country Seminol
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04142006 Chg-P CR2E034 (11/05)

4. FEI Number 720-2272817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PANCHAL, DINESH 1255 SNUG HARBOR DR CASSELBERRY, FL 32707	7. Name and Address of New Registered Agent Name SURESH PANCHAL Street Address (P.O. Box Number is Not Acceptable) 1120, Meadow Lake way APT #206 City Winterspring FL Zip Code 32708
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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 **Suresh Panchal** (NOTE: Registered Agent signature required when reinstating) DATE **04-17-06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PANCHAL, SURESH 1255 SNUG HARBOR DR CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PANCHAL, SURESH 1120, MEADOW LAKE WAY #206 WINTERSPRING, FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Suresh Panchal** DATE **04-17-06** 7407-696-5730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR