2006 FOR PROFIT CORPORATION

May 01, 2006 8:00 am Secretary of State ANNUAL REPORT 05-01-2006 90389 024 ***150.00 DOCUMENT # P05000023076 1. Entity Name VIKSAR INC. 40010100 Principal Place of Business Mailing Address 142 WOODBURY PINES CIRCLE 142 WOODBURY PINES CIRCLE ORLANDO, FL 32828 ORLANDO, FL 32828 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc 03312006 Chg-P CR2E034 (11/05) 108 4. FEI Number Applied For City & State 74-3140 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired Brevo Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, VIKRAM H Street Address (P.O. Box Number is Not Ad cceptable) 142 WOODBURY PINES CIRCLE 0.8 ORLANDO, FL 32828 City 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE ☐ Defete TITLE NAME PATEL, SARJU H NAME ine circle 142 WOODBURY PINES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32828 CITY-ST-ZIP THLE ☐ Delete TITLE PATEL, VIKRAM H NAME NAME 142 WOODBURY PINES CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE NAME NAME STHEET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS F1-32920 CITY-ST-ZIP CITY-ST-ZIP ☐ Change - 、☐ Addition ☐ Delete TITLE TITLE 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 filling 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

with all other like empowered

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address,

SIGNATURE

FILED