## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE: .

## Mar 31, 2006 8:00 am Secretary of State **DOCUMENT # P05000029090** 03-31-2006 90012 011 \*\*\*150.00 MAY AND DK CORP Principal Place of Business Mailing Address 1137 53RD AVE W 3506 14TH ST W. APT# 109 BRADENTON, FL 34207 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address 1137. 53 AVE . W. Suite, Apt. #, etc. 1137 53 ad AVE. W Suite, Apt. #, etc. 01082006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For BRADENTON. FL. BRADENTON. 20-2423805 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 34207 MINATEE 34207 MANATEE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATHAK, DHRUVKUMAR B-Street Address (P.O. Box Number is Not Acceptable) 3506 14TH ST W. APT# 109 BRADENTON, FL 34205 Zip Code 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete Change Pathak. Dhouvkuman. B PATHAK, DHRUVKUMAR B NAME NAME 1137. 53 TH AVE. W. 3506 14TH ST. W APT# 109 STREET ADDRESS STREET ADDRESS Bradenton, FL. 34204 BRADENTON, FL 34205 CHTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 54AH, KAUSHIK. N. 1137 5370 AVE. W. 137 adenton. FL. 34209 NAME SHAH, KAUSHIK N NAME 3506 14TH ST. W APT # 109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP TITLE Delete Change TIDE Addition SHAH VARSHA. 15. SHAH, VARSHA K NAME NAME 1137 5324 ANG W. 3506 14TH ST.W APT # 109 STREET ADDRESS STREET ADDRESS 137 adenton, FC. 34207 CiTY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP Delete TITLE - [\_] Charige -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 etter like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03126/06

941-727-0802

Daytime Phone #

**FILED**