


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90420 009 \*\*\*150.00

<b>DOCUMENT # P05000067494</b>	
1. Entity Name <b>JAPNIT INTERNATIONAL, INC.</b>	

Principal Place of Business <b>1849 HIDDEN TRAIL LANE WESTON, FL 33327-1456</b>	Mailing Address <b>PO BOX 5046 FT LAUDERDALE, FL 33310-5046</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 5023</b>  Suite, Apt. #, etc.
City & State	City & State <b>Fort Lauderdale FL</b>
Zip	Country <b>U.S</b>



01182006 Chg-P CR2E034 (11/05)

5. Name and Address of Current Registered Agent  <b>DATA PROFESSIONALS, INC 3935 NW 38TH TERR LAUDERDALE LAKES, FL 33309</b>	
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4. FEI Number <b>03-0561892</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SINGH, AMARJEET 1849 HIDDEN TRAIL LANE WESTON, FL 333271456 <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	STD KAUR, GURVINDER 1849 HIDDEN TRAIL LANE WESTON, FL 333271456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Amarjeet Singh **AMARJEET SINGH, PRESIDENT 4-26-06 954-484-6998**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #