## **2007 FOR PROFIT CORPORATION**

## May 04, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P05000070235 05-04-2007 90089 033 \*\*\*150.00 KARMA PRINTING, IN. 40102... Principal Place of Business Mailing Address 326 RONA LANE 326 RONA LANE DAVENPORT, FL 33897 DAVENPORT, FL 33897 CR2E034 (11/05) 04202007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 20-2833760 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent BOODHOO, NARESH DO NOT WRITE 326 RONA LANE DAVENPORT, FL 33897 IN THIS SPACE 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 Fiorida. 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BOODHOO, NARESH STREET ADDRESS 326 RONA LANE DAVENPORT, FL 33897 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARESH BODINO

**FILED**