



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90400 050 ***150.00

DOCUMENT # P05000078862 1. Entity Name S R GLOBAL INT'L, INC					
Principal Place of Business 375 PALM SPRING DR 1610 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 375 PALM SPRING DR 1610 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business 3437 US 98 NORTH Suite, Apt. #, etc.		3. Mailing Address 6130 A EDGEWATER DR Suite, Apt. #, etc.			
City & State LAKELAND FLORIDA Zip 33809		City & State ORLANDO FLORIDA Zip 32810		4. FEI Number 20-2926330 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.A		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAJU, ALLURI S 375 PALM SPRING DR 1610 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name RAJU ALLURI S Street Address (P.O. Box Number is Not Acceptable) 6130 A EDGEWATER DR City ORLANDO FL Zip Code 32810	
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 <u><i>ASR</i></u> DATE <u>04/03/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAJU, ALLURI S 375 PALM SPRING DR, #1610 ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAJU ALLURI S 6130 A EDGEWATER DR ORLANDO FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D MOHAMMAD, NAZRUL 18208 PLANTATION LAKES CIR SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD MOHAMMAD NAZRUL 18208 PLANTATION LAKES CIR SANFORD FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTAM, RAJASEKHAR 555 PALM AVE, APT. 309 MILLBRAE, CA 94030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTAM RAJASEKHAR 555 PALM AVE APT 309 MILLBRAE CA 94030	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QURESHI, MOHAMMAD 18208 PLANTATION LAKES CIR. SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOHAMMAD QURESHI 18208 PLANTATION LAKES CIR SANFORD FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u><i>ASR</i></u> <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04/03/06</u> <small>Daytime Phone #</small>		