

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000079103 1. Entity Name NIRVANA SEARCH, INC.	
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Principal Place of Business 820 E STATE RD 434 STE #170 LONGWOOD, FL 32750	Mailing Address 820 E STATE RD 434 STE #170 LONGWOOD, FL 32750
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**DO NOT WRITE IN THIS SPACE**



05052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2933529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 1840 SW 22 ST 4TH FL  
 MIAMI, FL 33145

**DO NOT WRITE 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 Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SARRAN, SHANTA 820 E STATE RD 434 STE #170 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000955827  
 07/22/08-80008-014 550.00

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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: Shanta Sarran 7/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #