2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 Al Secretary of State **DOCUMENT # P05000081544** 1. Entity Name SHANJANA SKYHI INC Principal Place of Business Mailing Address 2964 CONNER LANE 2964 CONNER LANE KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US 04052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2947853 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ALAM, MOHAMMAD DO NOT WRITE 2964 CONNER LANE KISSIMMEE, FL 34741 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, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS **WPS** TITLE ALAM, MOHAMMED NAME 2964 CONNER LANE STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 U00000734046 TITLE 05/09/07-80109-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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.

SIGNATURE:

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

M. SAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR