
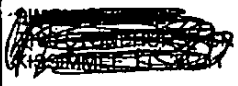


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 13, 2006 8:00 am  
Secretary of State**

04-03-2006 90362 038 \*\*\*150.00

<b>DOCUMENT # P05000088618</b>		
1. Entry Name <b>GURKIRAN, INC.</b>		
Principal Place of Business <b>6524 CARRIER DRIVE ORLANDO, FL 32819</b>		Mailing Address <b>6524 CARRIER DRIVE ORLANDO, FL 32819</b>
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
5. Certificate of Status Desired <input type="checkbox"/>		CR2E034 (11/05)
4. FEI Number <b>20-3095403</b>		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 		7. Name and Address of New Registered Agent
		Name <b>SURINDER SINGH</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>3538 MAPLE RIDGE LOOP</b>
		City <b>KISSIMMEE</b> FL Zip Code <b>34741</b>
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: <b>Surinder Singh</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: <b>3-24-06</b> <small>DATE</small>
<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</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SURINDER SINGH MGRM</b> <input type="checkbox"/> Delete <b>3538 MAPLE RIDGE LOOP KISSIMMEE, FL 34741</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <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: <b>Surinder Singh</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>3-24-06</b> <small>DATE</small>