## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** Apr 25, 2008 08:00 AM Secretary of State **DOCUMENT # P05000088618** 1. Entity Name GURKIRAN, INC. Principal Place of Business Mailing Address 6524 CARRIER DRIVE 6524 CARRIER DRIVE ORLANDO, FL 32819 ORLANDO, FL 32819 No Chg-P CR2E034 (11/05) 04212008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3095403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SINGH, SURINDER 3538 MAPLE RIDGE LOOP IN THIS SPACE KISSIMMEE, FL 34741 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000922013 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. MGRM SINGH, SURINDER NAME 3538 MAPLE RIDGE LOOP STREET ADDRESS KISSIMMEE, FL 34741 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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