


2006 FOR PROFIT CORPORATION ANNUAL REPORT

8/ **FILED**
Aug 31, 2006 8:00 am
Secretary of State

08-18-2006 90076 020 ***150.00

DOCUMENT # P05000107825					
1. Entity Name SHIV 2005 ENTERPRISES INC.					
Principal Place of Business 10051 OAKSIDE COURT ORLANDO, FL 32836		Mailing Address 10051 OAKSIDE COURT ORLANDO, FL 32836			
2. Principal Place of Business 6157 S.E. BASELINE ROAD Suite, Apt. #, etc.		3. Mailing Address 6157 S.E. BASELINE ROAD			
City & State BELLEVUE FL.		City & State BELLEVUE FL.		4. FEI Number 8120677158	
Zip 34420		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, KANTI C 10051 OAKSIDE COURT ORLANDO, FL 32836			7. Name and Address of New Registered Agent		
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>Quabi KANTI C. PATEL</u> DATE: <u>8-15-06</u>		
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATEL, KANTIBHAI C		NAME		
STREET ADDRESS	10051 OAKSIDE COURT		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32836		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 or without the address changed.					
SIGNATURE: x <u>Quabi KANTI C. PATEL</u>		Date: <u>8-15-06</u>		Daytime Phone #: <u>352 307 6900</u>	

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