2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P05000110695** 03-03-2006 90097 023 ***150.00 1. Entity Name SHREE DURGA INC. Principal Place of Business Mailing Address של שטטס 1736 ST. ANDREWS BOULEVARD 4933 E. BUS HWY 98 SAINT ANDREWS, FL 32405 PANAMA CITY, FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 CR2E034 (11/05) Chg-P City & State City & State Applied For 42-1676929 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required -6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMIN, JITENDRA Street Address (P.O. Box Number is Not Acceptable) 4933 E.BUS HWY 98 PANAMA CITY, FL 32404 City Zip Code 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 sonessee required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Detete TITLE Change ☐ Addition LITOYL, NIMA MAME MALE STREET ADDRESS 4933 E.BUS HWY 98 STREET ADDRESS PANAMA CITY, FL 32404 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition AMIN, JITENDRA R NAME NAME 4933 E.BUS HWY 98 STREET ADDRESS STREET ADORESS CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP ☐ Delete **IM** F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY - 57 - Z)P TITLE ☐ Addition TILE Delete Change NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DD F Change ■ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C071-51-70P 12. Thereby 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 cath; 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 chapter 607 an attachment with an address, with all other like empowered. SIGNATURE AND TYPED ITS SIGNATURE: _ OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED Mar 14, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2006

SHREE DURGA INC. 4933 E. BUS HWY 98 PANAMA CITY, FL 32404

Subject: SHREE DURGA INC.

Reference Number:

1P05000110695

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/mh ANNUAL REPORTS SECTION