2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114091

Entity Name: PARSHANT INTERNATIONAL, INC.

FILED Feb 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4021 NORTH UNIVERSITY DR. 3842 N. UNIVERSITY DRIVE

SUNRISE, FL 33351 C#204

SUNRISE, FL 33351

New Mailing Address: Current Mailing Address:

4021 NORTH UNIVERSITY DR. 3842 N. UNIVERSITY DRIVE

SUNRISE, FL 33351 C#204 SUNRISE, FL 33351

FEI Number: 20-3283689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARORA, ASHOK ARORA, ASHOK K 4021 NÓRTH UNIVERSITY DR. 9380 NW 18TH DRIVE US

C#204 PLANTATION, FL 33322 SUNRISE, FL 33351 US

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.

SIGNATURE: ASHOK ARORA 02/28/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

SUNRISE, FL 33351

DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ARORA, ASHOK ARORA, ASHOK K Name: Name: 4021 NORTH UNIVERSITY DR., C#204 9380 NW 18TH DRIVE Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: PLANTATION, FL 33322

Title: VΡ Title: VΡ (X) Change () Addition () Delete

Name: ARORA, PARSHANT Name: ARORA, PARSHANT 4021 NORTH UNIVERSITY DR., C#204 9380 NW 18TH DRIVE Address: Address: SUNRISE, FL 33351 PLANTATION, FL 33322 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete

ANAND, RAKESH Name: ANAND, RAKESH Name: 4021 NORTH UNIVERSITY DRIVE, C#204 5741 BRIARWOOD WAY Address: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ASHOK ARORA **PRES** 02/28/2006