2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUI 1. Entity Name SHIVA EN				FILED 07 SEP 24 PM 3: 44						
Principal Place		'								
5703 W. JACK Pensacola,	ISON ST.	Mailing Address 5703 W. JACKSON ST. PENSACOLA, FL 32506) (Baisant ili Af	SEUNE FALLAR	i kisii 2:010 1100	STATE FLORID,	Д Д
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address	. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				09202007	Chg-P	CR2E03	4 (12/06)	
City & State	•	City & State				4. FEI Number 33-1125	127			plied For t Applicable
Zip	Country	Zip	Coun	try		5. Certificate o			8.75 Add	itional
	6. Name and Address of Current I	Registered Agent				7. Name and A	ddress of New Re	gistered Aç	ent	
				Name	Down	ranalli	Pharaduni	D		
REDDY, VI				arapalli, Bharadwaj R. (P.O. Box Number is Not Acceptable)						
8990 N. DA		Subel Ac		18033 Lianna Lane						
LINOAGO	CA, I E 02014									
				City	Pensacola			FL Zip Code 32505		
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										
signature BHARADWAT R DEVARAPALLI 9/19/07										
Signature, typed or printed neltre-entrogiseemed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND		11.			ADDITIONS/C	HANGES TO OFFI	CERS AND [DIRECTORS	
TITLE	D COMPANIENT CONTRACT	☐ Delete	TITL		P	G1-	_L	:	X Change	☐ Addition
NAME STREET ADDRESS	DUVVURU, SULOCHANA 3475 BASKERVILLE RD.		NAM			uru, Sulo Lianna L				
CITY-ST-ZIP	FREEMONT, CA 94555					acola, FL				
TITLE	D	☐ Delete	TITU		VP	acora, IL	32303		Change	Addition
NAME	DEVARAPALLI, BHARADWAJ R	NAM	E	Deva	arapalli,	Bharadwaj		- •	_	
STREET ADDRESS	3033 LIANNA LANE		ET ADDRESS	3033 Lianna Lane Pensacola, FL 32505						
CITY-ST-ZIP	PENSACOLA, FL 32505	CITY	-ST-ZIP		sacola, FI	. 32505	· · · · · · · · · · · · · · · · · · ·	_		
TITLE NAME	D DEVARAPALLI, SHIVA R	☐ Delete	TITL		S	rapalli.	Siva R	·	Change	☐ Addition
STREET ADDRESS	3475 BASKERVILLE RD.			ET ADDRESS		Lianna L				
CITY-ST-ZIP	FREEMONT, CA 94555			-ST-ZiP		acola, FL				
TITLE	D	∑ Q Delete	TITL	Ε					Change	Addition
NAME	REDDY, VIDYASAGAR	·	NAM			900	110996	en ma	<u>.</u> 9	
STREET ADDRESS City-St-Zip	8990 N. DAVIS HWY., STE. 70 PENSACOLA, FL. 32514			ET ADDRESS -St-ZIP		09/26/0	71 099 6 701038	015 *•	·61.25	
TITLE	1 21010001,12 02014	☐ Delete	III		Т				Change	₹ Addition
NAME	h_{n-1}	/	NAM			la, Vishal	L			
STREET ADDRESS	1 4 G/2	5		ET ADDRESS	•	3 Lianna l				
CITY-ST-ZIP	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u></u>		-ST-ZIP	Pens	sacola, Fl	32505	· · · · · · · · · · · · · · · · · · ·		<u></u>
TITLE	1	☐ Delete	TITL	4	D	11 <i>-</i>	Uima P		Change	Addition
NAME STREET ADDRESS			NAM STRI	eet address		erapalli, } Lianna I				
CITY-ST-ZIP				-ST-ZIP		sacola, Fl				
12. I hereby o	certify that the information supplied with	this filing does not qualify fo	r the ex	emptions c	ontained	in Chapter 119,	Florida Statutes. I	further certif	y that the ir	nformation
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.										

Daytime Phone #

SIGNATURE AND REED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: