## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000147458

Address:

City-St-Zip:

107 ANASTASIA BLVD

ST AUGUSTINE, FL 32080

Entity Name: KRISHNA RNS2005, INC.

FILED Apr 24, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 28 CORDOVA STREET ST AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 28 CORDOVA STREET ST AUGUSTINE, FL 32084 FEI Number: 20-3764356 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: PELLICER, CHARLES E ESQUIRE 28 CORDÓVA STREET STA AUGUSTINE, FL 32084 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BALUBHAI PAI, SUBHASHCHANDRA Name: Name: 107 ANASTASIA BLVD Address: Address: City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: Title: DV Title: () Delete () Change () Addition SUBHASHCHANDA PATEL, RASHMIBEN Name: Name: 107 ANASTASIA BLVD Address: Address: ST AUGUSTINE, FL 32080 City-St-Zip: City-St-Zip: Title: Title: DS ( ) Delete () Change () Addition SUBHASHCHANDA PATEL, SUDHABEN Name: Name: 107 ANASTASIA BLVD Address: Address: City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: Title: () Delete Title: () Change () Addition SUBHASHCHANDA PATEL, NAYNESH Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SUBHAS BALUBHAI DP 04/24/2006