## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

	ANNUAL	REPURI		~	ccicia	iy oi su	aic
DOCUMENT # P0600004622  1. Entity Name SWAMI INVESTMENTS, INC.					04-30-2007 9	0396 006 ***150	).00
Principal Plac	e of Business	Mailing Address	L.V.P.				
-252-SW STANLEY COURT 205 5 W 252 SW STANLEY COUR			DT	4008	7871		
LAKE CITY, FL 32024 US CUMMERCHAKE CITY, FL 32024			US	4000	,		
Critic Off 1, 1	32025 DL	TANKE OITT, TE SZOZY	03				
	32021				1911 <b>-</b> 119 <b>- 1</b> 911 - <b>19</b> 11		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	. Mailing Address				
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	uite, Apt. #, etc.		Chg-P	CR2E034 (12/06)	
					Ong-i	01422004 (12700)	
City & State		City & State		4. FEI Numbe		A <u>r</u>	plied For
				20-43	140125	_ No	ot Applicable
Zip	Country	Zip	Country	5 Contilinate	of Status Desired	□ \$8.75 Add	ditional
				5. Centificate (	or Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent	
			Name				
PATEL, PE	RAKASH						
252 SW S	TANLEY COURT	Street Addre	ss (P.O. Box Numbe	r is Not Acceptable)			
LAKE CITY	Y, FL 32024						
			City			Zip Cod	e
			0.1,			FL   Zip Cod	•
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regi	istered agent, or both	n, in the State of Flor	ida. I am familiar with,	and accept
the obligat	ions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature rec	uured when reinstating)		DATE	
	- 11014111 10 6450 00	9. Election Campai	on Financino	\$5.00 мау Ве			
	E NOW!!!  FEE IS \$150.00 ay 1, 2007 Fee will be \$550.		• • –	Added to Fees			
	, 1, 2007 1 00 17111 DO 40001						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE			☐ Change	Addition
NAME	PATEL, PRAKASH		NAME				
STREET ADDRESS	252 SW STANLEY COURT 20	15 5W Commer	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
.1		recity FL32025					
TITLE	S/T	☐ Delete	TITLE			Change	Addition Addition
NAME	SONI, DHIMANT		NAME				
STREET ADDRESS	115 SW ENCHANTED COURT		STREET ADDRESS				
CITY-ST-ZIP	LAKE CITY, FL 32024		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		· ·	☐ Change	Addition
NAME		TTI DEIGIG	NAME			Onlings	
STREET ADORESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
G11-31-2IF		<del></del>	0111-31-2F				
TITLE		☐ Delete	TITLE			☐ Change	□ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
City-St-Zip			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby	tertify that the information supplied wit	h this filing does not qualify fo	or the exemptions conta	ined in Chanter 110	Florida Statutes 1	further certify that the l	nformation
indicated	on this report or supplemental report i	s true and accurate and that r	ny signature shall have	the same legal effect	as if made under o	ath; that I am an officer	or director
Of the cor	poration or the receiver or trustee emp , or on an attachment with an address,	owered to execute this report with all other like empowered	as required by Chapter	607, Florida Statute:	s; and that my name	appears in Block 10 o	r Block 11 if
na. ng 30.	,						

SECRETARIE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-4707

Daytime Phone #