

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020695

Entity Name: OM SHREE 101 INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

6815 W. NEWBERRY ROAD
GAINESVILLE, FL 32605

New Principal Place of Business:

13776 SW HWY 441
LAKECITY, FL 32025

Current Mailing Address:

6815 W. NEWBERRY ROAD
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 20-4311609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN TAX & ACCOUNTING SERVICES INC.
1857 WELLS ROAD,
SUITE # 230
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: PATEL, PRADIP
Address: 6815 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32605

Title: VP () Delete
Name: AMIN, BHAVESH
Address: 6815 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32605

Title: VP () Delete
Name: AMIN, ALPA
Address: 6815 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32605

Title: VP () Delete
Name: PATEL, NILAM
Address: 6815 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: PRADIP PATEL

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date