


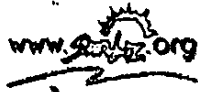
2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000026734			
1. Entity Name INDIA DINER CORP.			
Principal Place of Business 4561 W IRLOBRONSON HWY KISSIMMEE, FL 34746 US		Mailing Address 4744 HIAWATHA CIRCLE KISSIMMEE, FL 34746 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent DHILLON, GURVINDER S SR 4744 HIAWATHA CIRCLE KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DHILLON, GURVINDER S SR 4744 HIAWATHA CIRCLE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: <u><i>Gurinder Singh Dhillon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7/11/07</u> <small>Daytime Phone #</small>	

FILED
07 OCT 10 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66020409
05/01/07 60736 008 \$145.00

Filed AR under wrong document number corrected 10/10/07

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Division of Corporations

Annual Report

Document Number
P0600002673

66020404
P06000026734

Thank you for filing your Annual Report online. Your report filed date will be today's date if there are no processing errors.

Your confirmation number is 700098897527.

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ATT TO - MR PRONNSCOTT

SIR,

I GURVINDER SINGH DHILLON MAKE MISTAKE
TO PUT IN THE SYSTEM WRONG NO
PLEASE APPLY MY PAYMENT TO INDIA
DINER CORP. I WILL APPRECIATE.

YOUR SINCERELY
GURVINDER SINGH DHILLON
7/11/07