


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

DOCUMENT # P06000036692		
1. Entity Name JANU OM, INC.		

Principal Place of Business 8269 HIGHWAY 90 SNEADS, FL 32460 US	Mailing Address 2086 HIGHWAY 71 SOUTH MARIANNA, FL 32448 US
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2. Principal Place of Business - No P.O. Box # 8269 Hwy 90 Suite, Apt. #, etc.	3. Mailing Address 2086 Hwy 71 Suite, Apt. #, etc.
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City & State Sneads FL	City & State MARIANNA FL
Zip 32460	Zip 32448
Country	Country



04272007 Chg-P CR2E034 (12/06)

4. FEI Number 204634118		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BAKER, FRANK A 4431 LAFAYETTE STREET MARIANNA, FL 32446		
7. Name and Address of New Registered Agent Name: JANU OM INC Street Address (P.O. Box Number is Not Acceptable): 2086 Hwy 71 City: MARIANNA FL Zip Code: 32448		

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: Mahesh Bhakta DATE: 4-29-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BHAKTA, MAHESHKUMAR J 2086 HIGHWAY 71 SOUTH MARIANNA, FL 32448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Mahesh Bhakta DATE: 4-29-07 850.827.7158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR