## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 24, 2008 8:00 am Secretary of State

Daytime Phone #

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DOCUMENT # P06000058656  1. Entity Name SHIVA HANDYMAN INC.						90123 015 ***15	60.00
Principal Plac	e of Business	Mailing Address	,	40080	562		
3				quuov	00~		
2023 GRANDE CT. 2023 GRANDE CT.				,			
APT.# 415 KISSIMMEE, FL 34743			•				
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			LADIUM E	r illilli			
Suite, Apt. #, etc. Suite, Apt. #, etc.			03202008	03202008 Chg-P CR2E034 (12/06)			
City & Stat		City & State	~,	4. FEI Numbe		<del>                                     </del>	oplied For
			FL	87-076	37 <u>25</u>	N	ot Applicable
			Country	5. Certificate	of Status Desired	□ \$8.75 Ad	
3475		54758	USA			- Fee Require	ed
	<ol><li>Name and Address of Current Re</li></ol>	gistered Agent		7. Name and	Address of New	Registered Agent	
		*	Name /	1011.10-	-c C \.	(6)	
SINGH, KA	ASHWATTIE		· · · · · · · · · · · · · · · · · · ·	ASHWATTI		1GH	-
2023 GRANDE CT.			Street Ad	dress (P.O. Box Numbe	r is Not Acceptab	le)	
APT. # 415							
KISSIMME	E, FL 34743		453	8 CALA	Sium c	T	
			City .	155) MMEE		Zip_Coc	le
				issimmer		FL Zip Coo	1758
	named entity submits this statement for to	ne purpose of changing its i					and accept
the obligat	ions of registered agent.						
DIGNIATURE	•						
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE	Registered Agent signature	e required when reinstating)		DATE	
						·····	
E11	E NOWIII FEE IC \$450.00	9. Election Campaig	n Financing	\$5.00 May Be			
	E NOW!!!  FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00			Added to Fees			
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN .1.1 .
TITLE	P	☐ Delete	TITLE	. P		☐ Change	Addition
NAME	SINGH, KASHWATTIE		NAME	KASHWATTI	E SINGI	4	-
STREET ADDRESS	2023 GRANDE CT. APT.# 415		STREET ADDRESS	4528 CAL	Filium	. <del>.</del>	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	KASHWATTT 4538 CALI KASIMMA	OL 3a	·268	
TITLE		☐ Delete	TITLE	-1,2-37 : - 1	<del>-/</del>	☐ Change	☐ Addition
NAME		_ Dunte	NAME			onengo	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
		<b>—</b>					
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME CARSET ADDRESS				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	Hufe			_ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			<b>T</b>			Change	☐ Addition
NAME		☐ Delete	TITLE				
		☐ Delete	TITLE NAME			_ ,	
STREET ADDRESS		☐ Delete				_ ,	
STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME			_ 0	
CITY-ST-ZIP			NAME STREET ADDRESS CIEY-SI-ZIP			Cha	
CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CIFY-ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE NAME			NAME STREET ADDRESS CIFY-ST-ZIP  11TLE NAME			☐ Change	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dolele	NAME STREET ADDRESS CIFY-SI-ZIP  1ITLE NAME STREET ADDRESS CITY-SI-ZIP				
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby o	certify that the information supplied with the	Delete  Delete	NAME STREET ADDRESS CIFY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  the exemptions co	ntained in Chapter 119	Florida Statutes.	I further certify that the i	nformation
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby condicated of the condition of the conditio	certify that the information supplied with the on this report or supplemental report is In- poration or the receiver or fustee empowers or on an attachment by the an address, with	Delete  Delete  is fitting does not qualify for ue and accurate and that percent his seport.	NAME STREET ADDRESS CITY-ST-ZIP  TIFLE NAME STREET ADDRESS CITY-ST-ZIP  the exemptions co y signature shall ha	ve the same legal effec	t as if made under	I further certify that the i	nformation or director