


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2008 90123 015 \*\*\*150.00

<b>DOCUMENT # P06000058656</b> 1. Entity Name <b>SHIVA HANDYMAN INC.</b>			
Principal Place of Business <b>2023 GRANDE CT. APT.# 415 KISSIMMEE, FL 34743</b>		Mailing Address <b>2023 GRANDE CT. APT.# 415 KISSIMMEE, FL 34743</b>	
2. Principal Place of Business - No P.O. Box # <b>4538 CALADUM CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>4538 CALADUM CT</b> Suite, Apt. #, etc.	
City & State <b>KISSIMMEE, FL</b> Zip <b>34758</b>		City & State <b>KISSIMMEE, FL</b> Zip <b>34758</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>87-0768725</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SINGH, KASHWATTIE 2023 GRANDE CT. APT. # 415 KISSIMMEE, FL 34743</b>		7. Name and Address of New Registered Agent Name <b>KASHWATTIE SINGH</b> Street Address (P.O. Box Number is Not Acceptable) <b>4538 CALADUM CT</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34758</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2008</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGH, KASHWATTIE 2023 GRANDE CT. APT.# 415 KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASHWATTIE SINGH 4538 CALADUM CT KISSIMMEE, FL 34758	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASHWATTIE SINGH 4538 CALADUM CT KISSIMMEE, FL 34758	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASHWATTIE SINGH 4538 CALADUM CT KISSIMMEE, FL 34758	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASHWATTIE SINGH 4538 CALADUM CT KISSIMMEE, FL 34758	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASHWATTIE SINGH 4538 CALADUM CT KISSIMMEE, FL 34758	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Kashwattie Singh</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>3/20/08</b> Date Daytime Phone #	