2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # P06000071961 1. Entity Name SHIVANI SCREEN INC.							04-21-200	08 90061)30 *** 1	50.00	
Principal Place of Business 3144 N JOHN YOUNG PKWY		Mailing Address									
ORLANDO, FL 32804		ORLANDO, FL 32804									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			•						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01162008	Chg-P	CR2E03	4 (12/06)		
City & State :		City & State			4. FEI Number 20-4926		•		olied For Applicable		
Zip	Country	Zip	Count			5. Certificate o		\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
PATEL. DIPESH					Name						
395 GOLFBROOK CIRCLE 111					Street Address (P.O. Box Number is Not Acceptable)						
LONGWOO	DD, FL 32779								,		
		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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.	1			HANGES TO OFF				
TITLE NAME	P PATEL, DIPESH		relete 1171.		PATI	EL, DIPE	SH 		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	395 GOLFBROOK CIRCLE #11 LONGWOOD, FL 32779	1	SIR	LET ADDRESS '- ST-ZIP		503 EVERING HAM LANG CANFORD, FL- 39771					
HITE	VP			1					Change	Addition	
NAME STREET ADDRESS	PATEL, SHIVANI 395 GOLFBROOK CIRCLE #11	1	NAM STRI	IE EET ADDRESS	65¢	3 Everi	ngham Lai	ne			
CITY-ST-ZIP	LONGWOOD, FL 32779		ÇITY	r-ST-ZIP	San	ford, Fl	_ 3277/				
TITLE NAME			Delete TITL	1					Change	Addition	
STREET ADDRESS				EET ADDRESS				-			
CITY-S1-ZIP				r-S1-Z₽							
TITLE NAME			Delete TITL NAM	1					☐ Change	Addition	
STREET ADDRESS				EET ADDRESS							
CHTY-ST-ZIP				r-ST-ZIP					Change.	☐ Addition	
NAME		L) l	Pelete TITL NAM	1					Change	☐ X00mm	
STREET ADDRESS CITY-ST-ZIP				EE1 ADDRESS							
TITLE			Dalele TITL						Change	Addition	
NAME STREET ADDRESS			NAA SIR	ME EET ADDRESS							
CITY-ST-ZIP				Y-ST-ZIP				<u></u> .			
12. I hereby	certify that the information supplied wi	h this filing does no	t qualify for the ex	emptions co	ontained	d in Chapter 119	Florida Statutes. I	further certi	y that the in	formation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR