

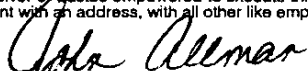


FILED
Apr 19, 2007 8:00 am
Secretary of State

40072010

[illegible]

DOCUMENT # P06000109042				04-19-2007 90418 030 ***158.75	
1. Entity Name JEEVAN&JEEVANGARAGEDOORS INC					
Principal Place of Business 2261 SHADOW RIDGE DR DELTONA, FL 32725 US		Mailing Address 2261 SHADOW RIDGE DR DELTONA, FL 32725 US		40072010	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-5696119	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SALLAPUDI, HAMALATHA R 2261 SHADOW RIDGE DR DELTONA, FL 32725			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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALLAPUDI, FLEMING V	NAME			
STREET ADDRESS	2261 SHADOW RIDGE DR	STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLMAN, JOHN	NAME			
STREET ADDRESS	211 ORANGE BLVD	STREET ADDRESS			
CITY-ST-ZIP	OSTEEN, FL 32764	CITY-ST-ZIP			
TITLE	T/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALLAPUDI, HAMALATHA R	NAME			
STREET ADDRESS	2261 SHADOW RIDGE DR	STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 32725	CITY-ST-ZIP			
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLMAN, TERI	NAME			
STREET ADDRESS	211 ORANGE BLVD	STREET ADDRESS			
CITY-ST-ZIP	OSTEEN, FL 32764	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Date: 4/9/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			