

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 31, 2007  
Secretary of State**

DOCUMENT# P06000115598

Entity Name: BHAVINI, INC.

**Current Principal Place of Business:**

11900 HARBOUR COVE DRIVE SOUTH  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

11900 HARBOUR COVE DRIVE SOUTH  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 20-5506365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SHAH, BHAVINI  
11900 HARBOUR COVE DRIVE SOUTH  
JACKSONVILLE, FL 32225    US

**Name and Address of New Registered Agent:**

MODI, HANSABEN  
11900 HARBOUR COVE DRIVE SOUTH  
JACKSONVILLE, FL 32225    US

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.

SIGNATURE: HANSABEN MODI      08/31/2007  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SHAH, BHAVINI  
Address: 11900 HARBOUR COVE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D      ( ) Delete  
Name: SHAH, ANUP  
Address: 11900 HARBOUR COVE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: MODI, HANSABEN  
Address: 11900 HARBOUR COVE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC      (X) Change ( ) Addition  
Name: MODY, DHARATI  
Address: 11900 HARBOUR COVE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TREA      ( ) Change (X) Addition  
Name: MODYI, SUNIL N  
Address: 11900 HARBOUR COVE DR S  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUNIL MODY      TREA      08/31/2007  
Electronic Signature of Signing Officer or Director      Date