## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # P060001	18511					04-21-200	_	017 ***15	
Principal Place 5233 OLD W ORLANDO, FI	INTER GARDEN RD. UNIT A	Mailing Address 7432 HERRICKS LO ORLANDO, FL 328				· ·				
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address	3. Mailing Address  Suite, Apt. #, etc.							
		Suite, Apt. #, etc.				04012008	Chg-P	CR2E	CR2E034 (12/06)	
City & State	e	City & State				4. FEI Number 20-5541				plied Fo
Zip	Country	Zip	Coun	ntry			of Status Desired	<u> </u>	\$8.75 Add	fitional
	6. Name and Address of Curre	ent Registered Agent				7 Name and	Address of New	Parletored	Fee Require	<u> </u>
	Traine the Address of Odiff			Name		r. 1140118 4110 /	AGE IO CCOIDD	· voAisraied	. vAaur	
	MAHENDRA									
	RICKS LOOP ), FL 32835			Street Ad	ddress (F	P.O. Box Number	r is Not Acceptal	ble)		
				City				FI	Zip Cod	е
				<u> </u>						
the obligat	named entity submits this statementions of registered agent.  Signature, typed or printed name of registered agent.	gent and title if applicable.	(NOTE: Registere	ed Agent signatu	ure required	when reinstating)	n, in the State of	DATE		
the obligat	Signature, typed or printed name of registered as  E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$55	9. Election Ca Trust Fund i	(NOTE: Registere	ed Agent signatu	ure required		n, in the State of			
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2. 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:

elendra P. Presad.

MAHENDRA PRASAD

(321) 436 - 7606

Daytime Phone #