2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 27, 2007 8:00 am Secretary of State

DOCUMENT # P06000124621 1. Entity Name NITRISHA, INC.								08-27-2007 9	•	6 ***150	0.00	
Principal Place 914 BERYL D ROCKLEDGE,	RIVE	3	Mailing Address 914 BERYL DRIVE ROCKLEDGE, FL 329	955								
2. Principal P	lace of Busin	ess - No P O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07172007 Chg-P CR2E034 (12/06)						
City & State			City & State			4. FEI Numb	er - 0540976	o	_ 	plied For t Applicable		
Zip	Country		Zip 32942	32922 Bre			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
HAWKINS, BETTY 1909 N COOCA BLVD						Street Address (P.O. Box Number is Not Acceptable)						
COCOA, FL 32922												
						ity 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												
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finan Trust Fund Contribution.							00 May Be ed to Fees	In accordance w corporation did r	rith s. 607.1 not receive	93(2)(b), I the prior n	F.S., the notice.	
10.		OFFICERS AND	DIRECTORS	11.				CHANGES TO OFFI	CERS AND D	DIRECTORS	S IN 11	
TITLE	D	DATRICIA	☐ Delete	E	7	ub Pat	- NIZ 10.	I	Change	Addition		
NAME STREET ADDRESS		PATRICIA FELDSTR, 28		KE EET ADDRESS	Joha	a foldst	nasse ,28					
CITY-ST-ZIP	l	HEN, SWITZERLAND,		-ST-ZIP	412	5 Raihe	n switze	erland				
TITLE			☐ Deiete	TITL	E	011		• ,		☐ Change	Addition	
NAME				1E	Hawkins Betty					•		
STREET ADDRESS CITY+ST-ZIP				EET ADDRESS (-ST-ZIP	"" 1909 N. Coron (Slud.							
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CITY-ST-ZIP				CITY	-ST-ZIP	100	Lledge.	Ave Suite Florida 329	<u>์ร์ง </u>			
TITLE			☐ Delete	TITL	Ł	.,-	, 4)	•	1	☐ Change	☐ Addition	
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STREET ADDRESS					EET ADORESS							
C1TY+ST-ZIP				CITY	r-ST-ZIP	<u></u>						
12. Thereby 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.												