



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90210 003 ***150.00

DOCUMENT # P06000130575 1. Entity Name NEIDA & KARTRAI INC					
Principal Place of Business 8 HICKORY LOOP PASS OCALA, FL 34472			Mailing Address 8 HICKORY LOOP PASS OCALA, FL 34472		
2. Principal Place of Business - No P.O. Box # 748 South highway Suite, Apt. #, etc.		3. Mailing Address 441 Suite, Apt. #, etc.			
City & State Lady Lake		City & State Lady Lake		4. FEI Number 20-5688573	
Zip 32159		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CINTRON, NEIDA 8 HICKORY LOOP PASS OCALA, FL 34472				7. Name and Address of New Registered Agent Name CINTRON, NEIDA Street Address (P.O. Box Number is Not Acceptable) 5 Hickory Loop Pass City OCALA, FL Zip Code 34472	
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 Neida Cintron Kartrai Permaul 4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD CINTRON, NEIDA 8 HICKORY LOOP PASS OCALA, FL 34472	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERMAUL, KARTRAI 3177 WATERBRIDGE LN KISSEMMEE, FL 34744	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Kartrai Permaul <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/23/07 Daytime Phone # 407-891-0223			