

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

Zip
 32159

Country
 FL

Zip
 --

Country

40085542



02212007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-5688573

Applied For
 Not Applicable

5. Certificate of Status Desired \$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
 FL 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* DATE 4/23/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CINTRON, NEIDA 5 Hickory Loop Pass OCALA, FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* DATE 4/23/07 DAYTIME PHONE # 407-891-0223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR