


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90037 011 ***150.00

DOCUMENT # P07000018930		
1. Entity Name RAKHYANI INSURANCE GROUP P.A.		

Principal Place of Business 19419 MORDEN BLUSH DR LUTZ, FL 33558	Mailing Address 19419 MORDEN BLUSH DR LUTZ, FL 33558
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40045666



03092008 Chg-P CR2E034 (12/06)

4. FEI Number 20-8481345		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/>		
6. Name and Address of Current Registered Agent PUNWANI, AMEET ONE TAMPA CITY CENTER SUITE 2505 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: PUNWANI, AMEET Street Address (P.O. Box Number is Not Acceptable): 30632 IVERSON DR City: WESLEY CHAPEL FL Zip Code: 33543

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.

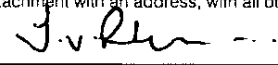
SIGNATURE:  DATE: 3/5/08

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAKHYANI, RAM 19419 MORDEN BLUSH DR LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMRAKYANI, JITENDRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19419 MORDEN BLUSH DR LUTZ, FL, 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAKHYANI, CAROLINE 19419 MORDEN BLUSH DR LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMRAKYANI, CAROLINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19419 MORDEN BLUSH DR LUTZ, FL, 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  J. Titendra RAMRAKHYANI 3/12/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #