


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90259 001 ***150.00

05-01-2008 90259 002 *****8.75

DOCUMENT # P07000062261	
1. Entity Name DARIVA INC.	

Principal Place of Business 2645 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741 US	Mailing Address 2645 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741 US
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2. Principal Place of Business - No P.O. Box # 2645 Whalebone Bay	3. Mailing Address 2645 Whalebone Bay Dr.
Suite, Apt. #, etc. DR	Suite, Apt. #, etc.

City & State Kissimmee	City & State Kissimmee
Zip 34741	Country USA

04282008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0236893	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HRANOVA, ROUMYANA 2645 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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	DATE
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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	DIR HRANOVA, ROUMYANA 2645 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HRANOVA, ROUMYANA 2645 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. AMIN, SAMAR 2645 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NAYDENOVA, IVA 2645 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HRANOVA, ROUMYANA 2645 WHALEBONE BAY DRIVE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone
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