2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000095175

1. Entity Name
IKAY INC

Principal Place of Business	Mailing Address
12917 SW 26TH STREET MIRAMAR, FL 33027	12917 SW 26TH STREET MIRAMAR, FL 33027

66004545

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

02252008   Chg-P   CR2E034 (12/06)

4. FEI Number: 26-1953311   Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANICKAM, UMADEVI 12917 SW 26TH STREET MIRAMAR, FL 33027	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: M·Umadi   X UMADEVI MANICKAM   2/28/08
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: MANICKAM, UMADEVI STREET ADDRESS: 12917 SW 26TH STREET CITY-ST-ZIP: MIRAMAR, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: DHANDAPANI, THIYAGARAJAN STREET ADDRESS: 12917 SW 26TH STREET CITY-ST-ZIP: MIRAMAR, FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X M·Umadi   UMADEVI MANICKAM   2/28/08   954 990 3935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #