

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000015483

Entity Name: BARKAJ, INC.

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

5 KINGSWOOD DR
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

2535 STATE RD. 16
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3183946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, RAMU S
2535 SR 16
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

PATEL, SNE R
2535 SR 16
SAINT AUGUSTINE, FL 32092 US

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.

SIGNATURE: SNEHAL R. PATEL

04/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PATEL, RAMU S
Address: 2535 S.R. 16
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: PATEL, JAY
Address: 2535 SR 16
City-St-Zip: ST. AUGUSTINE, FL

Title: DVP () Delete
Name: PATEL, SWATI
Address: 2535 S.R. 16
City-St-Zip: ST. AUGUSTINE, FL

Title: DVP (X) Delete
Name: PATEL, SNEHAL
Address: 2535 SR 16
City-St-Zip: ST. AUGUSTINE, FL

Title: D (X) Delete
Name: PATEL, AMI
Address: 2535 SR 16
City-St-Zip: ST. AUGUSTINE, FL

Title: DTS (X) Delete
Name: PATEL, RAMILA R
Address: 2535 SR 16
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PATEL, SWATI R
Address: 2535 S.R. 16
City-St-Zip: ST. AUGUSTINE, FL

Title: VP (X) Change () Addition
Name: PATEL, AMI R
Address: 2535 SR 16
City-St-Zip: ST. AUGUSTINE, FL

Title: VPTS (X) Change () Addition
Name: PATEL, SNEHAL R
Address: 2535 S.R. 16
City-St-Zip: ST. AUGUSTINE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SNEHAL R. PATEL

VP

04/09/2007

Electronic Signature of Signing Officer or Director

Date