## 2005 FOR PROFIT CORPORATION

## FILED Jul 21, 2005 8:00 am Secretary of State

	ANNUAL	KEPUKI			_ ^		J J	~ •	
t. Entity Nam	MENT # P93000017	352				07-21-2005			
Principal Place of Business Mailing Address							.9	900	56788
220 S. RIDGI	EWOOD AVE	220 S. RIDGEWOOD AVE			[				
STE 200 Daytona Beach, FL 32114 US		STE 200 Daytona Beach, FL 32114 US			N (BYAN SULA NAIN ANG AN	<u> </u>	######################################		
2. Principal P	lace of Business	3. Mailing Address							
5110 140th Ave. North Suite, Apt. #, etc.		5110 140th Ave. North Suite, Apt. #, etc.		h 07052005	Chq-P	CR2E034		11881 (* 188)	
City & Stat	Р	City & State		•	4. FEI Numb	.or		· · ·	plied For
Clea		Clearwater.	FL		59-317	-			t Applicable
Zip	Country		Country		5 Certificate	of Status Desired	□ \$8	3.75 Add	litional
3376	0	33760					re:	e Require	d
	6. Name and Address of Current F	Registered Agent	-	7. Name and Address of New Registered Agent Name					
JOHNSON	I, ROBERT L.			Name .					
220 \$. RID SUITE 200	GEWOOD AVENUE		Ľ	Street Address (P.O. Box Number is Not Acceptable)					
	BEACH, FL 32114								
	,		[	City			FL	Zip Cod	е
	named entity submits this statement for	the purpose of changing its reg	gistered	office or regis	stered agent, or bo	oth, in the State of F	lorida. I am fan	niliar with,	and accept
the obligat	ions of registered agent.						<b>.</b> .		
SIGNATURE.	***************************************	SECKE MAY					71187	05	
·	Signature, typed or printerins ne of registered agent a	nd title if applicable. (NOTE: He	egistered Ag	gent signature requ	ured when reinstating)	1	DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Fina Trust Fund Contribution.					\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND D	RECTORS	S IN 11
TITLE	P	Delete	TITLE	l P			5	Change	Addition
NAME STREET ADDRESS	SASTRI, JHOOLA 354 TALL OAK TRAIL		NAME STREET A		astri, .				
STREET ADDRESS CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-	. 7ID /	7270 Sawgrass Fornt Drive				
TITLE	S	☐ Delete	TITLE	S		Park, F		2 Change	Addition
NAME	SASTRI, M S		NAME	-	astri, N	и с	7		_
STREET ADDRESS	354 TAIL OAK TRAIL		STREET A	RUUMENN I		grass Po	int Dri		
CITY - ST - ZIP	SPRING HILL, FL 34608		CITY-ST-			Park, F.			
TITLE NAME		Delete	TITLE NAME	*	Inclias	raik, r.	r 22108	1 Change	☐ Addition
STREET ADDRESS		1	STREET A	ADDRESS					
CITY-ST-ZIP			CITY-ST-	- ZIP					
TITLE		☐ Delete	TITLE					Change	■ Addition
NAME STREET ADDRESS			NAME Street A	ADDOCCC					
CITY-ST-ZIP			CITY-ST	1					
TITLE		☐ Detete	TITLE					Change	☐ Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET A						
TITLE		☐ Delete	TITLE	EH .			Г	Change	Addition
NAME		C Delete	NAME				L	_ country	
STREET ADDRESS			STREET A	ı					
CITY-ST-ZIP	positive that the information of the first	thin filling do	CITY-ST		Danie - 110 mm	V() Flactor Ct : :	1 from =	sheet st	
12. I hereby	certify that the information supplied with	this filling does not quality for the	e exemp	otion stated in	i Section 119.0/(3)	iti), Fiorida Statutes	. I further certify	that the ir	normation

indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as it 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 chapted, or on an attachment with an address, with all other like empowered.

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SIGNATURE: _	h	7/14/07	727-808 2720
· <del>-</del>	SIGNATURE AND THEFT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #