2007 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

FILED Jan 29, 2007 08:00 AM **Secretary of State** DOCUMENT # P93000064379 1. Entity Name GHANASHYAM, INC. Principal Place of Business Mailing Address 16927 LAKESIDE AVENUE P.O. BOX 560112 MONTEVERDE, FL 34756 MONTEVERDE, FL 34756 01232007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3180732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROTAN, MOHAMMED DO NOT WRITE 16927 LAKESIDE AVENUE MONTEVERDE, FL 34756 IN THIS SPACE 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 Kotan MoHAMMET end agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME ROTAN, MOHAMMED STREET ADDRESS 16927 LAKESIDE AVENUE 000000608679 02/01/07-80019-016 150.00 MONTEVERDE, FL 34756 CITY-ST-ZIP TITEF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CMY-ST-ZP TITLE

P8251 Daytime Phone #

12. I hereby certify that the information supplied with this filling 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.