
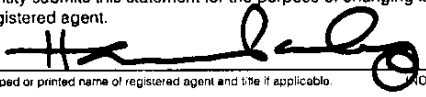
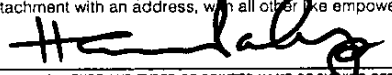


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90033 028 ***150.00

DOCUMENT # P94000008151 1. Entity Name MAHARAJA FINANCIAL SERVICES CORPORATION					
Principal Place of Business 1213 ANDES DR WINTER SPRINGS, FL 32708			Mailing Address 1213 ANDES DR WINTER SPRINGS, FL 32708		
2. Principal Place of Business Suite "B" 705. W STATE RD 434 Longwood, Florida			3. Mailing Address 		
Suite, Apt. #, etc. Longwood, Florida			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 32750		Country USA		4. FEI Number 59-3223176	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAHARAJA FINANCIAL SERVICES CORP. 1213 ANDES DR. SUITE 304 WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name HANSRAJ PALEJA Street Address (P.O. Box Number is Not Acceptable) 1213 ANDES DRIVE City WINTER SPRINGS FL Zip Code 32708		
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  President DATE 4/3/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALEJA, HANSRAJ 1213 ANDES DR WINTER SPRINGS, FL 32708		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
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:  President DATE 4/3/2006 DAYTIME PHONE # 321-689-6568 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					