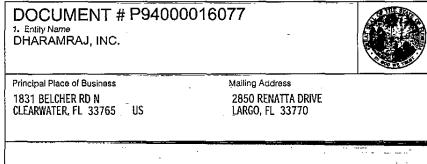
2005 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P94000016077** DHARAMRAJ, INC.

FILED Mar 24, 2005 08:00 AM **Secretary of State**



CR2E034 (10/03) 03092005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3238198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DHARAMRAJ, KENNETH S DO NOT WRITE 2850 RENATTA DRIVE BELLEAIR BLUFFS, FL 33770 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. Signature, typed or printed name of registered agent and tide if applicable. (NOTE, Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME DHARAMRAJ, KENNETH S #000000274313 03/24/05-80007--01 STREET ADDRESS 2850 RENATTA DRIVE CITY-ST-ZIP BELLEAIR BLUFFS, FL TITLE 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 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 atta	criment with an address, with all other like empowered.		
SIGNATURE: _	17	3/20/05	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daylime Phone	*