2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2005 8:00 am Secretary of State DOCUMENT # P94000032676 05-03-2005 90077 048 ***150.00 GANESH ELECTRONICS, INC. Principal Place of Business Mailing Address 5700 DOT COM COURT 5700 DOT COM COURT -OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 59-3239523 Not Applicable Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HATHOO DALSUKH NATHOO, DALSUKH Street Address (P.O. Box Number is Not Acceptable) 479 ZUREIQ POINT 3229 KNÓTTY PINE AVE WINTER PARK FL 32792 OVIEDO 3a765 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. DP Change ☐ Addition TITLE TITLE ☐ Defete HATHOO DALSUKH NAME NATHOO, DALSÜKE NAMÉ 479 ZUREIG POINT STREET ADDRESS 3229 KNOTTY PINE AVE STREET ADDRESS WINTER PARK FL 32792 OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition ☐ Defete TITLE TITLE CHAWHAN, PRAKASH I NAME NAME STREET ADDRESS 14520 GAINESBOROUGH DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE DT NAME CHAWHAN, RENUKA P STREET ADDRESS 14520 GAINESBOROUGH DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 12. Thereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

RENUKA P. CHAWHAH

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED