


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000058234	
1. Entity Name SHREE KRISHNA, INC.	

Principal Place of Business 340 MARTIN LUTHER KING BLVD SEFFNER FL 33584	Mailing Address 340 MARTIN LUTHER KING BLVD SEFFNER FL 33584
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3260190** ☐ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent PATEL, ASHOK K 340 MARTIN LUTHER KING BLVD SEFFNER FL 33584	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME PATEL, ASHOK K		STREET ADDRESS 340 MARTIN LUTHER KING BLVD	03/17/06 00056 017 150.00
STREET ADDRESS 340 MARTIN LUTHER KING BLVD		CITY-ST-ZIP SEFFNER FL 33584	
CITY-ST-ZIP SEFFNER FL 33584		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE VSD	<input type="checkbox"/> Delete	STREET ADDRESS 340 MARTIN LUTHER KING BLVD	
NAME PATEL, BHARTIBEN A		CITY-ST-ZIP SEFFNER FL 33584	
STREET ADDRESS 340 MARTIN LUTHER KING BLVD		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP SEFFNER FL 33584		STREET ADDRESS 340 MARTIN LUTHER KING BLVD	
TITLE NAME	<input type="checkbox"/> Delete	CITY-ST-ZIP SEFFNER FL 33584	
STREET ADDRESS 340 MARTIN LUTHER KING BLVD		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP SEFFNER FL 33584		STREET ADDRESS 340 MARTIN LUTHER KING BLVD	
TITLE NAME	<input type="checkbox"/> Delete	CITY-ST-ZIP SEFFNER FL 33584	
STREET ADDRESS 340 MARTIN LUTHER KING BLVD		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP SEFFNER FL 33584		STREET ADDRESS 340 MARTIN LUTHER KING BLVD	
TITLE NAME	<input type="checkbox"/> Delete	CITY-ST-ZIP SEFFNER FL 33584	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *AnPatil* *ASHOKKUMAR PATEL* **2-26-06** **813-661-464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ **Date** _____ **Daytime Phone #** _____