2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P94000084635 1. Entity Name SHAMIANA, INC. Principal Place of Business Mailing Address 7040 INTERNATIONAL DR. 7040 INTERNATIONAL DR. ORLANDO, FL 32819 ORLANDO, FL 32819 04192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3277175 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SATPAL, SUBHASH S DO NOT WRITE 5721 PGA BLVD ORLANDO, FL 32839 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME SATPAL, SUBHASH S STREET ADDRESS 7040 INTERNATIONAL DR. UUMU00139416 CITY-ST-ZIP ORLANDO, FL 32819 04/29/04-80121-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 attachment with an address, with all other like empowered.

SIGNATURE: 3

CITY-ST-ZIP TITLE NAME STREET ADDRESS

URE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED