2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# P95000016881

Entity Name: KUNAL CORPORATION

Current Principal Place of Business:

5014 US HWY 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5014 US HWY 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3303093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAH, JAYSUKHLAL
5014 US HWY 19
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

SHAH, USHAKIRAN
5014 US HWY 19
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: USHAKIRAN SHAH 01/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHAH, JAYSUKHLAL
Address: 5014 U.S. HWY. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD ( ) Delete
Name: SHAH, USHAKIRAN
Address: 5014 U.S. HWY. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete
Name: SHAH, KUNAL J
Address: 5014 U.S. HWY. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Delete
Name: SHAH, BHAVIN J
Address: 5014 U.S. HWY. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: SHAH, USHAKIRAN
Address: 5014 U.S. HWY. 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD (X) Change ( ) Addition
Name: SHAH, KUNAL
Address: 5014 U.S. HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD (X) Change ( ) Addition
Name: SHAH, BHAVIN J
Address: 5014 U.S. HIWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: USHAKIRAN SHAH PTD 01/06/2006
Electronic Signature of Signing Officer or Director Date