

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000032972

Entity Name: KINNARI INC.

FILED  
Apr 21, 2007  
Secretary of State

## Current Principal Place of Business:

HAMPTON INN  
1366 COMM WAY  
SPRING HILL, FL 34606 US

## New Principal Place of Business:

HAMPTON INN  
1344 COMM WAY  
SPRING HILL, FL 34606 US

## Current Mailing Address:

1610 SE PARADISE CIRCLE  
CRYSTAL RIVER, FL 34429 US

## New Mailing Address:

FEI Number: 59-3313896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, MAYUR  
1020 SE 3RD AVE  
CRYSTAL RIVER, FL 34429 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DESAI, PARESH G  
Address: P.O. BOX 3087 N/A  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447

Title: D (X) Delete  
Name: PATEL, NEETA  
Address: 1020 SE 3RD AVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: ST ( ) Delete  
Name: MAYUR, PATEL  
Address: 1020 SE 3RD AVENUE  
City-St-Zip: CRYSTAL RIVER, FL 34429

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MAYUR N PATEL

ST

04/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date