2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State 02-24-2006 90008 033 ***150.00

DOCUMENT # P95000038713 1. Entity Name SRISAI JEWELERS INC.						02-24-2006	90008 033 ***1.	50.00
Principal Place of Business Mailing Address				1		المنتقلين والمنتقل والمنتقل		
990 SR 434 N. 990 SR 434 N.						-		
UNIT 1180 UNIT 1180								
ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32			, FL 327	14	1 18 81 (8 82)	P 18181 811/1 87/1/ 88111 88	JUIT MOTOR EURE LOTE IN DEL TURE	
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02152006	Chg-P	CR2E034 (11/05)
City & State		City & State			4. FEI Numb 59-331		 	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent	·		7. Name and	Address of New I	Registered Agent	
				Name Kumpa Suketika				
KUMAR, SUREHKA 211 SHADOW BAY BLVD.				Street Address (P.O. Box Number is Not Antentable)				
LONGWOOD, FL 32779								
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				City Or	QOCWP4		FL ^{Zg} ^{co}	<u> </u>
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. It am familiar with, and it								n, and accept
the obligations of registered agent.								
SIGNATURE Jue New Cherry 2/32/06								106
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to the contribution of the contribu								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
TITLE	T	☐ Delete	TITLI	1	Kumen	SARREH	M Change	Addition
NAME STREET ADDRESS	KUMAR, SUREHKA DRESS 211 SHADOW BAY BLVD			ET ADDRESS	2/18/1	SNIEH:	lave	
CITY-ST-ZIP				-ST-ZIP	Landmoo	0 (-1	32779	
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NAME	KUMAR, CHARPN		NAM	E 3		CHARGE		_
STREET ADDRESS				ETADORESS 3168 YATTIKA PLACE ST-ZIP LONGWOOD, F1. 32779				
CITY-ST-ZIP	LONGWOOD, FL 32779		_	-ST-ZIP	LON9 woo	D' 1. 3	<u>-</u>	
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NAME ATREET LABORES			NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
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NAME STREET ADDRESS	, .	-	NAM STRE	EET ADDRESS		-		
CITY-ST-ZIP				-ST-ZIP			•	
12. Thereby	certify that the information supplied wit	h this filing does not qualify f	or the exe	emntions cont	ained in Chanter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR