2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 23, 2007 08:00 AM DOCUMENT # P95000054440 **Secretary of State** 1. Entity Name GRIFFIN INTERNATIONAL INCORPORATED Principal Place of Business Mailing Address 186 BAYSIDE DRIVE 186 BAYSIDE DRIVE CLEARWATER FL 33767 CLEARWATER FL 33767 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3325970 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GULATI, DUSHYANT K 186 BAYSIDE DR Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 33767 Cily Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILL Delete IME ☐ Change Addition GULATI, DUSHYANT K NAME 186 BAYSIDE DRIVE STREET ADORESS 000000645530 03/05/07-80010-024 150.00 STREET ADDRESS CLEARWATER FL 34630 CITY-SI-7IP CHY-SI-7IP Delete THE Change Addition NAME. NAMF. STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-702 THE ☐ Delete BRE Charry c Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIP CITY-ST-7/P ☐ Dolote TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIRE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THRE □ Defete THIE Addition NAME NAMI: STREET ADDRESS STREET ADDRESS

12. I horeby 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 eath; 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.

CITY-ST-7(P

SIGNATURE:

CITY-ST-ZIP

Teb 20/1 07 (727) 444-4495