

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000080901

**FILED**  
**Mar 22, 2008**  
**Secretary of State**

**Entity Name:** XANADU BOOKKEEPING & TAX SERVICE, INC.

**Current Principal Place of Business:**

3359 BELVEDERE RD SUITE C  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

5480 NORTH OCEAN DRIVE  
APT. B-4 - D  
SINGER ISLAND, FL 33404 US

**Current Mailing Address:**

P.O. BOX 14992  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** 65-0619240      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUKHI, NARAIN G  
3359 BELVEDERE RD  
SUITE C  
WEST PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

MUKHI, NARAIN G  
5480 NORTH OCEAN DRIVE  
APT. B-4-D  
SINGER ISLAND, FL 33404 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/22/2008

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MUKHI, NARAIN G  
Address: 5480 N OCEAN DRIVE # B-4-D  
City-St-Zip: SINGER ISLAND, FL 33404

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: MR ( ) Change (X) Addition  
Name: MUKHI, NARESH C  
Address: 1475 SILVERTON ROAD  
City-St-Zip: TOMS RIVER, NJ 08755 US

I hereby certify that the information supplied with this filing does not qualify 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: NARAIN MUKHI

Electronic Signature of Signing Officer or Director

MR.

03/22/2008

Date