2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005
Secretary of State

DOCUMENT# P96000017010

Entity Name: AKSHAR DHAM, INC.

Current Principal Place of Business:

11305 E. HWY 92
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

11305 E. HWY 92
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-3369325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, SURESH V
11500 SUMMIT WEST BLVD #19F
TAMPA, FL 33617 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PATEL, HETAL K	
Address:	11500 SUMMIT WEST BLVD. #19F	
City-St-Zip:	TAMPA, FL 33617	
Title:	VD	( ) Delete
Name:	PATEL, SURESH V	
Address:	11500 SUMMIT WEST #1F	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	SE	( ) Delete
Name:	PATEL, VITTHALBHAI	
Address:	8403 PORTAGE AVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	TR	( ) Delete
Name:	GOVIN, PATEL	
Address:	8403 PORTAGE AVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	AD	( ) Delete
Name:	PATEL, HETHAL S	
Address:	8403 PORTAGE AVE	
City-St-Zip:	TAMPA, FL 33647	

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:	
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 Section 119.07(3)(i), 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: HETAL PATEL PD 06/20/2005

Electronic Signature of Signing Officer or Director Date