## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

P97000029604 **DOCUMENT # P97000029604** FILTI 1. Entity Name KYRA INFOTECH, INC. 05 JUL 20 PH 12: 45 Principal Place of Business Mailing Address 120 E PINE ST #1 120 E PINE ST #1 LAKELAND, FL 33801 LAKELAND, FL 33801 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06292005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3438373 Not Applicable \$8.75 Additional Fee Required Zio Country Ziο Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATEL, PIYUSH A Street Address (P.O. Box Number is Not Acceptable) 3182 HIGHLANDS LAKEVIEW CIRCLE LAKELAND, FL 33813 City 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 Sgreture, typed or printed name of registered agent and title Mappilicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. lice President IIILE Oelete TITLE Change PATEL. PIYUSH A NAME NAME Rusal Patel 3182 Highlands Lakeview CR. 3182 HIGHLANDS LAKEVIEW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST- ZIP TITLE ☐ Delete TITLE Chance ■ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Change □ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.

A. Patel

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-01-2005 90003 040 \*\*\*150.00