

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030910

Entity Name: DURGAMA, INC.

FILED  
Apr 20, 2007  
Secretary of State

## Current Principal Place of Business:

1300 N. PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 US

## New Principal Place of Business:

## Current Mailing Address:

1300 N. PONCE DE LEON BLVD  
ST AUGUSTINE, FL 32084 US

## New Mailing Address:

FEI Number: 59-3451084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, JYOTSNA  
1300 N. PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PATEL, NARENDRA  
Address: 1300 N PONCE DE LEON BLVD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VPST ( ) Delete  
Name: PATEL, JYOTSNA  
Address: 1300 N PONCE DE LEON BLVD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VST ( ) Delete  
Name: PATEL, AMEET  
Address: 1300 N. PONCE DE LEON BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: OFFI ( ) Delete  
Name: PATEL, BHAVINI  
Address: 1300 N. PONCE DE LEON BLVD  
City-St-Zip: ST. AUGUSTINE, FL 32084

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JYOTSNA PATEL

SEC

04/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date