


FILED
May 01, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000036723 1. Entity Name DR. DARYANANI, INC.	
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Principal Place of Business 8216 WORLD CENTER DRIVE SUITE D ORLANDO, FL 32821	Mailing Address 14501 AMACA COURT ORLANDO, FL 32837
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (1/05)

4. FEI Number 59-3441692	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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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 the information and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

Signature is typed or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DPSD
NAME	DARYANANI, LAXMICHAND
STREET ADDRESS	14501 AMACA COURT
CITY - ST - ZIP	ORLANDO, FL 32837
TITLE	VTO
NAME	DARYANANI, SHEELA
STREET ADDRESS	14501 AMACA COURT
CITY - ST - ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/13/06-80101-00 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *[Signature]* *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L K DARYANANI INC 407-665-1100