

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P97000036723

1. Entity Name  
 DR. DARYANANI, INC.



Principal Place of Business  
 8216 WORLD CENTER DRIVE  
 SUITE D  
 ORLANDO, FL 32821

Mailing Address  
 14501 AMACA COURT  
 ORLANDO, FL 32837

**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3441692

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DARYANANI, LAXMICHAND  
 14501 AMACA COURT  
 ORLANDO, FL 32837

**DO NOT WRITE  
 IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be  
 Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPSD
NAME	DARYANANI, LAXMICHAND
STREET ADDRESS	14501 AMACA COURT
CITY-ST- ZIP	ORLANDO, FL 32837
TITLE	VTD
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

U00000740042  
 05/14/07-80052-002 150.00

**DO NOT WRITE  
 IN THIS SPACE**

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 this 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display phone #

*[Handwritten Signature]*

4/25/07 407 461 7110