

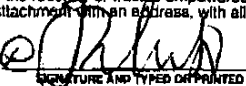
JAN-24-2008 THU 10:10 AM

FAX

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90019 004 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000074962		
1. Entity Name THIRUMALA, INC.		
Principal Place of Business 6974 E. COLONIAL DRIVE ORLANDO, FL 32807 US		Mailing Address 6974 E. COLONIAL DRIVE ORLANDO, FL 32807 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ELIGETI, JALANDHAR 6974 E. COLONIAL DRIVE ORLANDO, FL 32807		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: _____ (NOTE: Registered Agent signature required when renewing) _____ DATE: _____ Signature, typed or printed name of registered agent and date if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	ELIGETI, JALANDHAR	
STREET ADDRESS	6974 E COLONIAL DR	
CITY-STATE-ZIP	ORLANDO, FL 32763	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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: 		DO NOT WRITE IN THIS SPACE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 01/26/08 0321 3567308 Daytime (Area)

40024723



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3465037

Applied For
Not Applicable

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