


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

04-10-2006 90342 040 ***150.00
 07-05-2006 90001 050 *****8.75

DOCUMENT # P98000015364

1. Entity Name
 ALTAIR GLOBAL SERVICES CORP.



Principal Place of Business
 10597 CRESTON GLEN CIR EAST
 JACKSONVILLE, FL 32256 US

Mailing Address
 P.O. BOX 19104
 JACKSONVILLE, FL 32245-9104

DO NOT WRITE IN THIS SPACE

40097801



07012006 No Chg-P CR2E034 (11/05)


4. FEI Number 59-3492884	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GNANAM, MULLAIRANI
 10597 CRESTON CIRCLE CIR EAST
 JACKSONVILLE, FL 32256

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:  DATE: 06/26/06

Signature, specify printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS 8800.00
 Due by September 6, 2006


Filing for the 3rd time

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GNANAM, MULLAIRANI 10597 CRESTON GLEN CIR EAST JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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:  DATE: 06/26/06 DAYTIME PHONE #: 904-472-1198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40097801

Altair Global Services Corp

Mullairani Gnanam
Altair Global Services Corp
10597 Creston Glen Cir East
Jacksonville, FL 32256
Contact No: 904-472-1198

May 26th, 2006

Florida Department of State / Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Reference Number: P98000015364

Sub: 2nd Response to registered agent issue

Dear Department of Corporations:

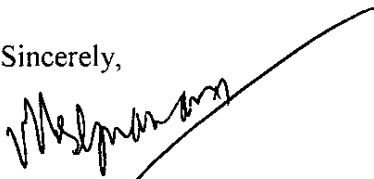
We are sending you a revised copy of the Uniform Business report. This time the registered agent has signed. We went to <http://www.sunbiz.com> to create our pre-printed form. Please note that we sending you this form for the 3rd time. The registered agent has also signed the form that you returned back to us.

This time we have elected to request "Certificate of Status". Check for the amount of \$8.75 is enclosed.

The original check was not returned by your office and is still in your possession.

Thank you. Please confirmation of the acceptance of the UBR Report and provide a Certificate of Status.


Sincerely,



Mullairani Gnanam
President, Altair Global Service Corp.

PS: Please note that we received your letter only last week, on the 22nd of June, and not a few days after the letter date.

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000015364	
1. Entity Name ALTAIR GLOBAL SERVICES CORP	

✓ ATTACHMENT
40097801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10597 Creston Glen Cir East	3. Mailing Address P.O. Box 19104
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Jacksonville	City & State Jacksonville	4. FEI Number 59-3492884	Applied For <input type="checkbox"/>
Zip 32256	Country USA	Zip 32245-9104	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name	Mullai Ravi Gnanam	
Street Address (P.O. Box Number is Not Acceptable)	10597 Creston Glen Cir E	
City	Jacksonville	FL Zip Code 32256

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 *Mullai Ravi Gnanam* DATE 06/26/06

Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD - Gnanam, Mullairani 10597 Creston Glen Cir East Jacksonville, FL 32256	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mullai Ravi Gnanam* DATE: 05/06/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

ATTACHMENT

4/10/2006-90342-040-\$150.00-\$150.00

FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>PR000005364</u> <small>1. Entity Name</small> ALTAIR GLOBAL SERVICES CORP.		
DO NOT WRITE IN THIS SPACE		
<small>2. Principal Place of Business</small> 10597 Creston Glen Cir East <small>Suite, Apt. #, etc.</small>	<small>3. Mailing Address</small> P.O. Box 19104 <small>Suite, Apt. #, etc.</small>	<p style="font-size: 2em; font-weight: bold;">40097801</p> <p style="font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</p>
<small>City & State</small> Jacksonville, FL	<small>City & State</small> Jacksonville, FL	
<small>Zip</small> 32256	<small>Country</small> USA	<small>4. FEI Number</small> 59-3402884
<small>City & State</small> Jacksonville, FL	<small>City & State</small> Jacksonville, FL	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
<small>7. Name and Address of Current Registered Agent</small> Name Spiegel & Utrera, P.A. <small>Street Address (P.O. Box Number is Not Accepted)</small> 1840 Coral Way, 4th Floor <small>City</small> FL <small>Zip Code</small>		
<small>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. This form must be filed with and subject to the regulations of registered agents.</small>		
<small>9. SIGNATURE</small> <small>January 1 - May 1 Fee is \$150.00</small> <small>After May 1, Fee is \$550.00</small> <small>Amended UBR is \$61.25</small> <small>Make Check Payable to Florida Department of State</small>		
<small>10. OFFICERS AND DIRECTORS</small>		
<small>NAME</small> PSTD - Gnanam, Mullairani <small>STREET ADDRESS</small> 10597 Creston Glen Cir East <small>CITY-STATE-CP</small> Jacksonville, FL 32256	<small>TITLE</small> <small>STREET ADDRESS</small> <small>CITY-STATE-CP</small>	<p style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
<small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-STATE-CP</small>	<small>TITLE</small> <small>STREET ADDRESS</small> <small>CITY-STATE-CP</small>	
<small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-STATE-CP</small>	<small>TITLE</small> <small>STREET ADDRESS</small> <small>CITY-STATE-CP</small>	
<small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-STATE-CP</small>	<small>TITLE</small> <small>STREET ADDRESS</small> <small>CITY-STATE-CP</small>	
<small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-STATE-CP</small>	<small>TITLE</small> <small>STREET ADDRESS</small> <small>CITY-STATE-CP</small>	
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(2)(d), 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. This filing is off file on behalf of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, if not all other the above.</small>		
<small>SIGNATURE:</small> <u><i>Mullairani</i></u> President <u>02/02/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

CR2003NB (12/02)

ATTACHMENT
Altair Global Services Corp

Mullairani Gnanam
Altair Global Services Corp
P.O. Box 19104
Jacksonville, FL 32245-9104
Contact No: 904-472-1198

40097801

May 5th, 2006

Florida Department of State / Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Reference Number: P98000015364

Sub: Response to registered agent issue

Dear Department of Corporations:

We are sending you a revised copy of the Uniform Business report. We have elected not change our registered agent. As per the instructions provided we are required to get the signature of the registered agent only if we are changing the agent. Our intention was never to change the registered agent. We completed the form provided by a law firm that automatically inserts its name as the registered agent.

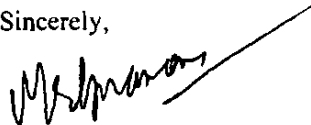
We believe that error was only an oversight and should have been ignored. But the corrected document attached to this letter definitely rectifies it.

The check was not returned by your office and is still in your possession.

We tried reaching your office several times but your telephone system did not connect us to anyone. We also did not receive a phone call from your office in response to our message. Please rectify the problems in your telephone system.

Thank you. Please confirmation of the acceptance of the UBR Report.

Sincerely,



Mullairani Gnanam
President, Altair Global Service Corp.