## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 08:00 A Secretary of State **DOCUMENT # P98000027005** 1. Entity Name SHRI YOGIRAJ MAHARAJ INC. Principal Place of Business Mailing Address .835 US HWY 27 SOUTH 835 US HWY 27 SOUTH LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 US No Chg-P 04232007 CR2E034 (11/05) 4. FEI Number Applied For 65-0822439 Not Applicable Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, ANIL K **835 US HWY 27 SOUTH** LAKE PLACID, FL 33852 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 algosture required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 'After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PATEL, ANIL K 835 US HWY 27 SOUTH STREET ADDRESS LAKE PLACID, FL 33852 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

ANIL K. YATEL

ME OF BRINING OFFICER OR DIRECTOR

4/24/07

Daytime Phone #

**FILED**