2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 27, 2006 08:00 AM **Secretary of State** DOCUMENT # P98000059069 1. Entity Name SAGUN CORPORATION Principal Place of Business Mailing Address 756 AUTUMN GLEN DRIVE 3210 FISKE BLVD. SOUTH MELBOURNE, FL 32940 ROCKLEDGE, FL 32955 กววววกกล No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3524417 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, NIRANJAN S DO NOT WRITE 756 AUTUMN GLEN DRIVE MELBOURNE, FL 32940 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. President PATEL, NIRANJAN S NAME 756 AUTUMN GLEN DRIVE STREET ADDRESS MELBOURNE, FL 32940 City-ST-ZIP TITLE UUUUUU448218 NAME 03/09/06-80003-022 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-St-Zyp

12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-DP

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TITED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cavinna Pinare #

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