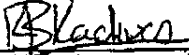


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000059728		
1. Entity Name KIRUN, INC.		
Principal Place of Business 9001 TAMiami TRAIL SOUTH VENICE, FL 34293		Mailing Address 9001 TAMiami TRAIL SOUTH VENICE, FL 34293
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KADINAR, KAMLESH B 1041 HARBOUR GLEN PLACE PUNTA GORDA, FL 33983		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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	KADIWAR, KAMLESH B	
STREET ADDRESS	9001 TAMiami TRAIL	
CITY-ST-ZIP	SOUTH VENICE, FL 34293	
TITLE	ST	
NAME	KADIWAR, KAVITA K	
STREET ADDRESS	9001 TAMiami TRAIL	
CITY-ST-ZIP	SOUTH VENICE, FL 34293	
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 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:  KAMLESH B KADIWAR PRESIDENT 4125106 941-426-1947		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0848908	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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05/15/06-80058-007 158.75