

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-19-2007 90034 039 ***150.00

DOCUMENT # P98000090817											
1. Entity Name MEMORIES OF INDIA, INC.											
Principal Place of Business 7625 TURKEY LAKE RD. ORLANDO, FL 32819			Mailing Address 7625 TURKEY LAKE RD. ORLANDO, FL 32819								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		4. FEI Number 59-3539892							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent PWIRIP, JACKOSWOLD 7625 TURKEY LAKE RD ORLANDO, FL 32819			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Name PHILIP, JACKOSWOLD </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Street Address (P.O. Box Number is Not Acceptable) 7625 TURKEY LAKE RD </td> </tr> <tr> <td style="padding: 2px;"> City ORLANDO </td> <td style="padding: 2px;"> Zip Code 32819 </td> </tr> </table>			Name PHILIP, JACKOSWOLD		Street Address (P.O. Box Number is Not Acceptable) 7625 TURKEY LAKE RD		City ORLANDO	Zip Code 32819
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Street Address (P.O. Box Number is Not Acceptable) 7625 TURKEY LAKE RD											
City ORLANDO	Zip Code 32819										
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. <table style="width:100%;"> <tr> <td style="width:60%;"> SIGNATURE: </td> <td style="width:40%; text-align: right;"> DATE: Jan 15 07 </td> </tr> </table>						SIGNATURE:	DATE: Jan 15 07				
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE DIRECTOR	NAME MOBARAK HASSAIN, MOHAMMED		TITLE DIRECTOR	NAME PHILIP, JACKOSWOLD							
STREET ADDRESS 7625 TURKEY LAKE RD.	CITY - ST - ZIP ORLANDO, FL 32819		STREET ADDRESS 7625 TURKEY LAKE RD	CITY - ST - ZIP ORLANDO, FL 32819							
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
TITLE DIRECTOR	NAME CHANG, KONG										
STREET ADDRESS 7625 TURKEY LAKE RD.											
CITY - ST - ZIP ORLANDO, FL 32819											
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition								
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition								
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 an other like empowered. <table style="width:100%;"> <tr> <td style="width:60%;"> SIGNATURE: </td> <td style="width:40%; text-align: right;"> DATE: Jan 15 07 </td> </tr> </table>						SIGNATURE:	DATE: Jan 15 07				
SIGNATURE:	DATE: Jan 15 07										
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) _____ Date _____ Daytime Phone # _____											