


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P99000002242

1. Entity Name  
CHANDNI MANAGEMENT, INC.



Principal Place of Business 1255 HYPOLUXO ROAD LANTANA, FL 33462-4223	Mailing Address 1255 HYPOLUXO ROAD LANTANA, FL 33462-4223
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1633063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

BEYER, STEPHEN M ESQ.  
2201 COPORATE BLVD.  
SE 103  
BOCA RATON, FL 33431

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	D PATEL, BHARAT M 18 TREMORE WAY HOLLAND, OH 43528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, MANOJ I 1255 HYPOLUXO RD LANTANA, FL 334624223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, DINESH D 916 ERIE ST OAKLAND, CA 94610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, UMRILLA B 18 TREMORE WAY HOLLAND, OH 43528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000675948  
03/30/07-80039-018 150.00

**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: *[Signature]* 3/26/07 (561)585-3970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #