


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000043866 1. Entity Name KHARIS INTERNATIONAL INC.	
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Principal Place of Business 4949 DONOVAN STREET ORLANDO, FL 32808-2617	Mailing Address 4949 DONOVAN STREET ORLANDO, FL 32808-2617
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DO NOT WRITE IN THIS SPACE



06082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3580949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OKUNLOLA, ADENIYI A
3975 RATEWOOD WAY STE 313R
ORLANDO, FL 32808**

**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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OKUNLOLA, ADENIYI A 4949 DONOVAN ST. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OKUNLOLA, ANGELA 4949 DONOVAN ST. ORLANDO, FL 32808
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06/12/06-80008-013 150.00

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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 the like empowered.

SIGNATURE: *Adeniyi Okunlola President* 6/8/06 407-761-8296

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