


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90028 033 ***150.00

DOCUMENT # P99000061701 1. Entity Name ANNAPURNA HOSPITALITY CORPORATION	
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Principal Place of Business 42389 US HWY 27 DAVENPORT, FL 33837	Mailing Address 42389 US HWY 27 DAVENPORT, FL 33837
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3591939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, BHARAT J 3800 U.S. HWY. 27 DAVENPORT, FL 33837	<i>42389 US HWY 27 N 1/19/06</i>
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*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]* DATE *01/19/06*

Signature of individual 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PATEL, BHARAT 42389 U.S. HWY. 27 DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, DAVESH 42389 U.S. HWY. 27 DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, PARESH 42389 U.S. HWY. 27 DAVENPORT, FL 33837
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*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]* Date *01/19/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR