

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000081374 1. Entity Name KIRTAN CREAMERY, INC.									
Principal Place of Business 2614 E. COLONIAL DRIVE #400-7 COLONIAL PLAZA MARKET CENTER ORLANDO, FL 32803		Mailing Address 2614 E. COLONIAL DRIVE #400-7 COLONIAL PLAZA MARKET CENTER ORLANDO, FL 32803							
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		4. FEI Number 59-3632812 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> </tr> </table>		Applied For	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>
Applied For	<input type="checkbox"/>								
Not Applicable	<input checked="" type="checkbox"/>								
5. Certificate of Status Desired <input type="checkbox"/> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">\$8.75 Additional Fee Required</td> </tr> </table>		\$8.75 Additional Fee Required	* <input type="checkbox"/> CHECK HERE IF MAKING CHANGES -						
\$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent PANCHAL, SONAL 2614 E. COLONIAL DRIVE #400-7 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____						
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's presence required when registering)</small>									
FILE NOW FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PANCHAL, SONAL 2614 E. COLONIAL DRIVE #400-7 ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 407 346 7522 <small>City/State Phone #</small>						

CR28034 (10/02)