

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087384

Entity Name: TRISHNA, INC.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

533 RIVIERA DRIVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

533 RIVIERA DRIVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3622906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHATRI, HITESH
1425 WAUKON CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

KHATRI, HITESH I
1425 WAUKON CIRCLE
CASSELBERRY, FL 32707 US

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.

SIGNATURE: HITESH I KHATRI

04/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KHATRI, HITESH
Address: 1425 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: VTD () Delete
Name: KHATRI, KRUPA
Address: 1425 WAUKON CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HITESH KHATRI

PSD

04/12/2007

Electronic Signature of Signing Officer or Director

Date