2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 05, 2005 08:00 AM DOCUMENT # P99000100874 **Secretary of State** SAI KRUPA, INC. Principal Place of Business Mailing Address 4031 STEFANI ROAD 4031 STEFANI ROAD CANTONMENT, FL 32533 CANTONMENT, FL 32533 06302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3618938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PATEL, CHAMPAKLAL M DO NOT WRITE 4031 STEFANI ROAD CANTONMENT, FL 32533 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE \$5,00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TO THE TOTAL THE STATE OF THE S TILE The second secon PATEL, CHAMPAKLAL M STREET ADDRESS 4031 STEFANI ROAD <u>U00000370462</u> CANTONMENT, FL 32533 CITY - ST - ZIP 07/05/05-80016-003 150,00 NAME STREET ADDRESS City - ST - 71P The same of the sa NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 507, Florida Statutes; and that my name appears in Block 10 or Slock 11 if changed, or on an attachment with an address, with all other like empowered.

FILED