2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 13, 2006 08:00 AM DOCUMENT # P99000110722 Secretary of State 1. Entity Name WAKO EXIM, INC. Principal Place of Business Mailing Address **451 ALTAMONTE AVE 451 ALTAMONTE AVE** #1421 #1421 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 01062006 No Chg-P - CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0969379 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KARAMCHANDANI, SHAM DO NOT WRITE 451 ALTAMONTE AVE 1421 ALTAMONTE SPRINGS, FL 32701 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. ! 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 signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME KARAMCHANDANI, SHAMI 3176 FLORAL WAY (E) STREET ADDRESS ./18/06-80038-018 CITY-ST-ZIP APOPKA, FL 32703 TITLE KARAMCHANDANI, SANJIV NAME STREET ADDRESS 3176 FLORAL WAY (E) CITY-ST-ZIP APOPKA, FL 32703 TITLE KARAMCHANDANI, PARVATT NAME STREET ADDRESS 3176 FLORAL WAY (E) DO NOT WRITE CITY-SY-ZIP APOPKA, FL 32703 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP