## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 18, 2005 08:00 AM Secretary of State **DOCUMENT # S10896** 1. Entity Name NATHOO, INC. Principal Place of Business Mailing Address 2453 S HIAWASSEE ROAD **4724 WINGROVE BLVD** ORLANDO, FL 32835 ORLANDO, FL 32819 CR2E034 (10/03) 01132005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3024079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NATHOO, HARENDRAKUMAR DO NOT WRITE 4724 WINGROVE BLVD. ORLANDO, FL 32819 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE NAME NATHOO, HARENDRAKUMAR 000000184282 01/20/05-80015-020 158.75 STREET ADDRESS 4724 WINGROVE BLVD. CDY-SI-ZIP ORLANDO, FL TITLE NATHOO, ALKA H. NAME STREET ADDRESS 4724 WINGROVE BLVD CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 tribe and accurate and that my signature shall have the same legal effect as if made under cath; 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1505

(407) 915 8801

FILED