FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT May 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION - • Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (2)GURU, INC. Principal Place of Business Mailing Address 2900 14TH AVE. 4550 E CACTUS RD STE #172 DO NOT WRITE IN THIS SPACE MARICHAM ONTARIO CANDA L3R0E-4 PHOENIX AZ 85032 3. Date Incorporated or Qualified 12/28/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0239451 21 26 Not Applicable \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes ... No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FOX. M. LANNING Name 1100 SOUTH FEDERAL HIGHWAY **B2** Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 85 Zip Code FI Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and trib if approxim (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Change Addition TITLE 1 1 THE SINGH, GURU NAME 1.2 NAME 19 RICHARD PERSON DR. STREET ADDRESS 1.3 STREET ADDRESS MARKHAM, ONTARIO CANDA CA L6C11 1.4 CITY - \$1 - ZIP CITY - ST - ZIP DELETE TITLE 2 1 T TLE Change ■ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST ZIP 3 4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and decurate and that my signature shall have the same legal effect as if made under early 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 12 or Block 13 if changed on an attachmood with an address.

6.1 TITLE

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

DELETE

GURU SINGH April 29/98 602/838-8808

FILED

Change

Addition

CR2E034