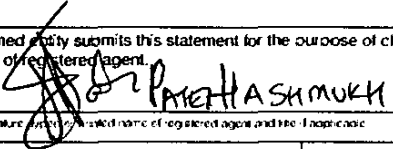
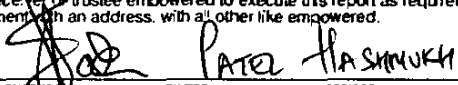


FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90371 022 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S93394			
1. Entity Name CHANDNI ENTERPRISES, INC.			
Principal Place of Business 580 AVE I SE & 391 BENLCHY RD W.H., FL 32880		Mailing Address 2510 AVE CR NW W WINTER HAVEN, FL 33880	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03042007		Chg-P	CR2E034 (12/06)
4. FEI Number 59-3110767		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, HASHMUKH 5139 DEASON PT. CT LAKELAND, FL 33805		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  PATEL HASHMUKH DATE: 3/5/07 Signature of registered agent or authorized representative (NOTE: Registered Agent Signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☒ Delete PATEL, HASHMUKH 508 E. MEMORIAL BLVD LAKELAND, FL 33801	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition D PATEL HASHMUKH 5139 LAKE DEESON POINTE CT. LAKELAND-FL-33805
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Delete D PATEL, SUJATA H. 508 E. MEMORIAL BLVD LAKELAND, FL 33801	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition D PATEL SUJATA H 5139 LAKE DEESON POINTE CT. LAKELAND-FL-33805
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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:  PATEL HASHMUKH		DATE: 3/5/07 Daytime Phone #	