


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V18550
 1. Entity Name
VIKRAM, INC.



Principal Place of Business
**ORMOND BEACH MKT PLACE
 NORTH NOVA ROAD
 ORMOND BEACH, FL 32174**

Mailing Address
**303 BIRCHWOOD PK DRIVE
 JERICHO, NY 11753**



04222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3109577

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SZYMANSKI, RONALD SR
 84 COMANCHE CT.
 PALM COAST, FL 32137**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUPTA, RAJESH K. 1986 STEWART AVENUE NEW HYDE PARK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAJAJ, DR. RANDHIR 85 COACHMEN PLACE WEST MUTTONTOWN, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERMA, DR. SHYAM 801 GARDEN ST TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DATT, NEERAJ 76-36 265TH STREET NEW HYDE PARK, NY, 11040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000547810
 05/12/06-80040-002 150.00

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: Rajesh K. Gupta **RAJESH K. GUPTA** 4/28/06 (646)210-3015
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #