2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #V40946



FILED Apr 17, 2006 8:00 am Secretary of State

| 1. Entity Name SHRIJI & ASSOCIATES, INC. | | | | | | 04-17-2006 90394 038 ***150.00 | | | | |
|--|------------------------------|--|-------------------------------------|--|--|--|-----------------------|--------------|--------------------------------|----------------------------|
| Principal Place of Business 825 SOUTH FLORIDA AVENUE LAKELAND, FL 33801 Mailing Address 4355 DIAMOND RD., S.W. WINTER HAVEN, FL 33801 | | | | | | Ria runta finin armun art | ori sel cel | | | |
| 2. Principal P | lace of Busin | ness | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | 03272006 | Chg-P | CR2E03 | 4 (11/05) | | |
| City & State | | | City & State | | | 4. FEI Number 59-3121986 | | | Applied For Not Applicable | |
| Zip Country | | | Zip Country | | itry | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| Name and Address of Current Registered Agent | | | | | | 7. Name and A | ddress of New R | egistered Aç | jent | |
| 1/51711 \41 | _ | | | | Name | | | | | |
| KEITH, W.C LGS ACCOUNTING 1517 COMMERCIAL PARK DR. | | | | | Street Address | (P.O. Box Number | is Not Acceptable |) | | |
| LAKELANI | D, FL 338 | 01 | | | | | | | | |
| The above named entity submits this statement for the purpose of changing its region. | | | | | City | | | FL | Zip Code | |
| | named entit ions of regis | | for the purpose of changing it | s register | ed office or registe | ered agent, or both | , in the State of Flo | rida. Iam fa | miliar with, | and accept |
| SIGNATURE. | Signature, typed | for printed name of registered age | ent and title if applicable. (NO | TE: Flegistere | d Agent signature require | ed when reinstating) | | DATE | | |
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| FIL After M | E NOW!!! ay 1, 200 | REE IS \$150.00 6 Fee will be \$550 | 9. Election Campo Trust Fund Cor | | ncing \$5 | 5.00 May Be | | | | |
| After Ma | E NOW!!! ay 1, 200 | 6 Fee will be \$550 | 1 | | ∐ Ad | ided to Fees | HANGES TO OFFI | CERS AND I | DIRECTORS | 3 IN 11 |
| After Ma | E NOW!!! ay 1, 200 | 6 Fee will be \$550 | D.00 Trust Fund Cor | tribution. | ∐ Ad | ided to Fees | HANGES TO OFFI | | DIRECTORS | S IN 11 |
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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

Daytime Phone #