


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V54133</b> 1. Entity Name <b>PARUL INC.</b>	
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Principal Place of Business <b>1531 W. MEMORIAL BLVD. LAKELAND, FL 33801 US</b>	Mailing Address <b>1531 W. MEMORIAL BLVD. LAKELAND, FL 33801 US</b>
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05252006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3141831</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GIRJASHANKER TRIVEDI 2905 REYNOLDS ROAD LAKELAND, FL 33803</b>
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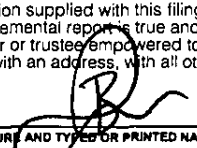
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>000000566809</b> <b>06/06/06-20001-008 150.00</b> DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S TRIVEDI, BIMALKUMAR G. 1531 W MEMORIAL BLVD LAKELAND, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TRIVEDI, GIRJASHANHER R 1531 W. MEMORIAL BLVD LAKELAND, FL</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 reports 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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>6/2/06</b> Date  Daytime Phone #
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