

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90133 014 ***150.00

DOCUMENT # P02000085849



1. Entity Name
SAADGURU CORPORATION

Principal Place of Business
**TOWN CENTER DRIVE
BRANDON FL 33511
US**

Mailing Address
**1627 GRAND ISLE DRIVE
BRANDON FL 33511
US**



2. Principal Place of Business
**2946 Providence Lakes Blvd.
Suite, Apt. #, etc.
Brandon, FL**

3. Mailing Address
**1955 GRAND ISLE DRIVE
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State
Brandon, FL

Zip
33511

Country
USA

City & State
BRANDON, FLORIDA

Zip
33511

Country
USA

4. FEI Number
010241649

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SHAH, SOHAL H
1627 GRAND ISLE DRIVE
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name
SOHAL H. SHAH

Street Address (P.O. Box Number is Not Acceptable)
1955 GRAND ISLE DRIVE

City
BRANDON

State
FL

Zip Code
33511

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

DATE **3/20/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME SHAH, SOHAL H	
STREET ADDRESS 1627 GRAND ISLE DRIVE	
CITY-ST-ZIP BRANDON FL 33511	
TITLE VP	<input type="checkbox"/> Delete
NAME SHAH, SUJATA S	
STREET ADDRESS 1627 GRAND ISLE DRIVE	
CITY-ST-ZIP BRANDON FL 33511	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1955 Grand Isle Dr.	
CITY-ST-ZIP Brandon, FL 33511	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1955 Grand Isle Dr.	
CITY-ST-ZIP Brandon, FL 33511	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE REQUIRED**

DATE **3/20/03** DAYTIME PHONE # **813-653-9720**

CR2E034 (10/02)