

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 01, 2007  
Secretary of State**

DOCUMENT# P04000006304

Entity Name: RADHE INVESTMENTS INC

**Current Principal Place of Business:**

10777 HWY 40 EAST  
SILVER SPRINGS, FL 34488

**New Principal Place of Business:**

**Current Mailing Address:**

10777 HWY 40 EAST  
SILVER SPRINGS, FL 34488

**New Mailing Address:**

FEI Number: 20-0914471      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, JAYANTI P  
10777 HIGHWAY 40 EAST  
SILVER SPRINGS, FL 34488      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PS      ( ) Delete  
Name: PATEL, JAYANTI P  
Address: 7141 SE CR 25  
City-St-Zip: BELLEVIEW, FL 34420

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: PATEL, PRAMUKHA A  
Address: 326 NORTH COLGATE ST  
City-St-Zip: ANAHEM, CA 92801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAYANTI PATEL

P,S

05/01/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date