

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71234

Entity Name: SAI INTERNATIONAL, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

SAI INTERNATIONAL
4708 TANNERY AVE.
TAMPA, FL 336244500

New Principal Place of Business:

Current Mailing Address:

4708 TANNERY AVE
TAMPA, FL 336244500

New Mailing Address:

FEI Number: 59-2376580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPNERKAR, V.D.,DR.
4708 TANNERY AVE
TAMPA, FL 33624 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAPNERKAR,VASANT D., ,DR.
Address: 4708 TANNERY AVE
City-St-Zip: TAMPA, FL 33624

Title: ST () Delete
Name: CHAPNERKAR,SUSHILA V. ,MRS
Address: 4708 TANNERY AVE
City-St-Zip: TAMPA, FL 33624

Title: VP () Delete
Name: BOYINGTON, D
Address: 1808 RIVERCHASE RD
City-St-Zip: HIXSON, TN 37343

Title: VP () Delete
Name: BOYINGTON, S
Address: 1808 RIVERCHASE RD
City-St-Zip: HIXSON, TN 37343

Title: VP () Delete
Name: VAIDVA, A
Address: 4414 TRAILWOODS DR
City-St-Zip: SUGARLAND, TX 77479

Title: VP () Delete
Name: CHAPNERKAR, L
Address: 4708 TANNERY AVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VASANT D. CHAPNERKAR

P

04/21/2005

Electronic Signature of Signing Officer or Director

Date