

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69199

FILED
Apr 06, 2009
Secretary of State

Entity Name: INDUS INVESTMENTS, INC.

Current Principal Place of Business:

MAYUR N PATEL
1610 SE PARADISE CIRCLE
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

1610 SE PARADISE CIRCLE
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

FEI Number: 33-6645287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, MAYUR
1610 SE PARADISE CIRCLE
CRYSTAL RIVER, FL 34429 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: D () Delete
Name: DESAI, PARESH,
Address: 3475 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA SPRINGS FL,

Title: D () Delete
Name: POTU, PRASAD,
Address: 700 SE 5TH TER
City-St-Zip: CRYSTAL RIVER, FL

Title: D () Delete
Name: SHUKLA, MANOJ,
Address: 9030 W FOR ISLAND TRAIL
City-St-Zip: CRYSTAL RIVER, FL

Title: D () Delete
Name: IYER, HARI,
Address: 3475 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA SPRINGS FL,

Title: D () Delete
Name: PATEL, KAMLESH,
Address: 2380 N.W. HWAY 19
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D () Delete
Name: MAYUR, PATEL
Address: 1610 SE PARADISE CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34428

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
Name:
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 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: PARTH PATEL

Electronic Signature of Signing Officer or Director

REP

04/06/2009

Date