2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000915

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FILED Mar 27, 2007 Secretary of State

Entity Name: TELUGU ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 13509 LAKE MAGDALENE DRIVE TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** 4107 KIRKALDY DR PALM HARBOR, FL 34685 US FEI Number: 59-3505120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YALLA, MURTY V DR 4107 KIRKALDY DR PALM HARBOR, FL 34685 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RAVINDRA, CHETRA RAVINDRA, CHITRA Name: Name: 1223 DAREINATION OAK AVE. NE Address: 1223 DARLINGTON OAK AVE. NE Address: City-St-Zip: ST.PETERSBURG, FL 33703 City-St-Zip: ST.PETERSBURG, FL 33703 Title: PD Title: () Delete () Change () Addition REDDY, KAKUTURU L DR Name: Name: Address: 7309 5TH AVE NW Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: JSD () Delete Title: () Change () Addition REDDY, KAKUTURU V DR Name: Name: 5802 36TH AVE. S. Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: TD () Delete Title: () Change () Addition TELUKUNTLA, KOTESHWAR DR Name: Name: 2031 84TH ST. CIR NW Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: PD () Delete Title: () Change () Addition MURTY, MURTY DR Name: Name: 4107 KIRKALDY DR. Address: Address: City-St-Zip: PALM HARBOUR, FL 34685 City-St-Zip: Title: () Delete Title: () Change () Addition SEKHARAM, MADHAVI DR Name: Name: Address: 8730 ASHWORTH DR. Address: TAMPA, FL 33647 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHITRA RAVINDRA SECR 03/27/2007