

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004805

FILED
Feb 04, 2006
Secretary of State

Entity Name: SRIGANDHA KANNADA KOOKA OF FLORIDA, INC.

Current Principal Place of Business:

12134 COBBLESTONE DR.
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

12134 COBBLESTONE DR.
HUDSON, FL 34667

New Mailing Address:

5131 WESTSHORE DR
NEW PORT RICHEY, FL 34652

FEI Number: 59-3527606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMAPPA, RENUKA
12134 COBBLESTONE DR.
HUDSON, FL 34667 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: PRES () Delete
Name: SASTRY, INDIRA
Address: 5003 EAST LONGBOAT BLVD
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: RAMACHANDRAN, MAHESH
Address: 5817 AUTUMN CHASE CIR
City-St-Zip: SANFORD, FL 32773

Title: SECR () Delete
Name: SHIVAMALLAPPA, MAHESH
Address: 9780 CREEKFRONT RAOD, #904
City-St-Zip: JACKSONVILLE, FL 32256

Title: JS () Delete
Name: URALA, VISHWANATH
Address: 1612, GRAND ISLE DR
City-St-Zip: BRANDON, FL 33511

Title: T () Delete
Name: SUNDARESH, K. V
Address: 5131, WESTSHORE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: JT () Delete
Name: DAVANAGERE, BADRISH
Address: 303, STREAMVIEW WAY
City-St-Zip: WINTERSPINGS, FL 32708

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 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: K.V. SUNDARESH

T

02/04/2006

Electronic Signature of Signing Officer or Director

_____ Date