

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007674

FILED
May 01, 2006
Secretary of State

Entity Name: VIVEK WELFARE AND EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

5200 VINELAND RD. STE 200
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

5200 VINELAND RD. STE 200
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3629507 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AGGARWAL, BRAHAM R
7636 APPLE TREE CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

AGGARWAL, BRAHAM R
9030 SOUTHERN BREEZE DR
ORLANDO, FL 32836 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: _____

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AGGARWAL, BRAHAM R
Address: 5200 VINELAND RD STE 200
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: AGGARWAL, AVANISH M
Address: 5200 VINELAND RD STE 200
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: GUPTA, SURESH
Address: 5200 VINELAND RD STE 200
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: BREWER, MARK
Address: P.O./ BOX 20741
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: MEHTA, MAHESH J
Address: 43 VALLEY RD
City-St-Zip: NEEDHAM, MA 02192

Title: S () Delete
Name: TIWARI, RANA
Address: P O BOX 677906
City-St-Zip: ORLANDO, FL 328677906

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 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: SURESH GUPTA

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date