

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135573

FILED
Apr 03, 2009
Secretary of State

Entity Name: SIRI CONSULTANTS, INC.

Current Principal Place of Business:

5834 AUTUMN CHASE CIRCLE
SANFORD, FL 32773 US

New Principal Place of Business:

199 THOREAU DR
PLAINSBORO, NJ 08536 US

Current Mailing Address:

5834 AUTUMN CHASE CIRCLE
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 20-5780636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURTI, GHOOLI
5834 AUTUMN CHASE CIRCLE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

MURTI, AKHILA
5834 AUTUMN CHASE CIRCLE
SANFORD, FL 32773 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: AKHILA MURTI

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: MURTI, GHOOLI
Address: 5834 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

Title: V,D () Delete
Name: MURTI, PADMINI
Address: 5834 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

Title: S,D (X) Delete
Name: MURTI, AKHILA
Address: 5834 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

Title: T,D (X) Delete
Name: MURTI, ADITI
Address: 5834 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: MURTI, GHOOLI
Address: 199 THOREAU DR
City-St-Zip: PLAINSBORO, NJ 08536 US

Title: S,D (X) Change () Addition
Name: MURTI, AKHILA
Address: 5834 AUTUMN CHASE CIRCLE
City-St-Zip: SANFORD, FL 32773 US

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: GHOOLI MURTI

P,D

04/03/2009

Electronic Signature of Signing Officer or Director

Date