2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763000

FILED Apr 29, 2006 Secretary of State

Entity Name: BENGALI SOCIETY OF FLORIDA, INC.

	Principal Place of Business:	New Principal Place	of Business:
	EENWILLOW DRIVE O, FL 32825 US		
urrent N	Nailing Address:	New Mailing Addres	ss:
	EENWILLOW DRIVE O, FL 32825 US		
El Number	r: 59-2345688 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
	ATAN K EENWILLOW DRIVE O, FL 32825 US		
	e named entity submits this statement for the of Florida.	ne purpose of changing its registere	ed office or registered agent, or both
GNATU			
	Electronic Signature of Registered	Agent	Date
FICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO
tle: ame:	DP () Delete DE, SOUMITRA	Title: Name:	() Change () Addition
	3138 CRANES COVE LOOP KISSIMMEE, FL 32741 US	Address: City-St-Zip:	
ldress: ty-St-Zip: tle: ame: ddress: ty-St-Zip:			() Change () Addition
:y-St-Zip: le: ime: dress:	KISSIMMEE, FL 32741 US VD () Delete GOSWAMI, SUBIR 500 EASTBRIDGE DRIVE	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition
ey-St-Zip: le: ume: dress: ey-St-Zip: le: ume: dress:	KISSIMMEE, FL 32741 US VD () Delete GOSWAMI, SUBIR 500 EASTBRIDGE DRIVE OVIEDO, FL 32765 US SD () Delete BHATTACHARYA, ANIRBAN 12014 PASTEUR DRIVE, #302	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
ey-St-Zip: le: ume: dress: ey-St-Zip: le: ume: dress: ey-St-Zip: le: ume: dress: ey-St-Zip: le: ume: dress:	VD () Delete GOSWAMI, SUBIR 500 EASTBRIDGE DRIVE OVIEDO, FL 32765 US SD () Delete BHATTACHARYA, ANIRBAN 12014 PASTEUR DRIVE, #302 ORLANDO, FL 32826 US SD () Delete SARKAR, RUPA 14350 NOTTINGHAM WAY CIRCLE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change() Addition

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: RATAN K. GUHA ED 04/29/2006