

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002728

FILED  
Feb 13, 2006  
Secretary of State

Entity Name: BAPS CARE INTERNATIONAL, INC.

## Current Principal Place of Business:

195 MAIN STREET, SUITE 304  
METUCHEN, NJ 08840

## New Principal Place of Business:

81 SUTTONS LANE  
SUITE 103  
PISCATAWAY, NJ 08854

## Current Mailing Address:

195 MAIN STREET, SUITE 304  
METUCHEN, NJ 08840

## New Mailing Address:

81 SUTTONS LANE  
SUITE 103  
PISCATAWAY, NJ 08854

FEI Number: 77-0533155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, SHAILESH  
541 SOUTHEAST 18TH AVENUE  
BOYNTON BEACH, FL 33435 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: PD ( ) Delete  
Name: PATEL, NILKANTH  
Address: 2939 DOUBLE LAKE  
City-St-Zip: MISSOURI CITY, TX 77459

Title: VD ( ) Delete  
Name: PATEL, SUDHIR  
Address: 375 ARDSLEY ROAD  
City-St-Zip: SCARSDALE, NY 10583

Title: STD ( ) Delete  
Name: MEHTA, ANAND  
Address: 8240 HIGH HAMPTON CHASE  
City-St-Zip: ALPHARETTA, GA 30022

Title: D ( ) Delete  
Name: AMIN, BHAVESH  
Address: 5849 FOX HILL ROAD  
City-St-Zip: HILLIARD, OH 43026

Title: D ( ) Delete  
Name: PATEL, GHANSHYAM C  
Address: 15939 PINE STRAND CT.  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D ( ) Delete  
Name: KOTHARI, JITESH  
Address: 701 W. IMPERIAL HWY., #1315  
City-St-Zip: LA HABRA, CA 90631

## 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: ANAND MEHTA

STD

02/13/2006

Electronic Signature of Signing Officer or Director

Date