2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006205

Title:

Name:

Address:

City-St-Zip:

FILED Mar 31, 2005 Secretary of State

Entity Nai	me: EDUSYS	SERVICES PRI	VATE LIMITED C	O.		
Current Principal Place of Business:				New Principal Pla	New Principal Place of Business:	
33 E. CAMINO REAL #811 BOCA RATON, FL 33432				#811	33 E. CAMINO REAL #811 BOCA RATON, FL 33432	
Current Mailing Address:				New Mailing Addı	New Mailing Address:	
33 E. CAMINO REAL #811 BOCA RATON, FL 33432				#811	33 E. CAMINO REAL #811 BOCA RATON, FL 33432	
FEI Number:	: 20-1844534	FEI Number App	olied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Addres	Name and Address of New Registered Agent:	
CLEMENTS, JEFF ESQ 33 E. CAMINO REAL #811 BOCA RATON, FL 33432 US				33 E. CAMIÑO REA #811	CLEMENTS, JEFF ESQ 33 E. CAMINO REAL #811 BOCA RATON, FL 33432 US	
	named entity : e of Florida.	submits this state	ement for the purp	pose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: JEFF CLEMENTS					03/31/2005	
Election Car		nic Signature of F g Trust Fund Contr	Registered Agent		Date	
OFFICERS	S AND DIREC	TORS:		ADDITIONS/CHAN	NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SATPATHY, TR AYUSMAN HIG		ос	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SATPATHY, BII		ос	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SATPATHY, PR AYUSMAN HIG		oc	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TRIDIBESH SATPATHY PC 03/31/2005

() Delete

KALINGA VIHAR BHUBAUESUER, OC

SATPATHY, SANJUKTA

AYUSMAN HIG-222

() Change () Addition