2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# F05000001955

Entity Name: CRY-CHILD RELIEF AND YOU AMERICA, INC.

Current Principal Place of Business:

C/O VAUGHN & ASSOCIATES, PC
BRAINTREE, MA 02184

New Principal Place of Business:

Current Mailing Address:

PO BOX 850948
BRAINTREE, MA 02185

New Mailing Address:

FEI Number: 02-0659244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: TREA ( ) Delete
Name: VAIDHYANATHAN, RAMAMURTHY TREASUR
Address: 7704 OROGRANDE PL
City-St-Zip: CUPERTINO, CA 95014

Title: SEC ( ) Delete
Name: RATHOR, APRAJITA SECRETA
Address: 1020 BASILWOOD DRIVE
City-St-Zip: COPPELL, TX 75019

Title: D ( ) Delete
Name: SRINATH, INGRID
Address: 189/1 ANAND ESTATE
City-St-Zip: MUMBAI, INDIA 400011, XX

Title: P ( ) Delete
Name: SUNDERLAL, SHEFALI PRES
Address: 1463 BEACON STREET
City-St-Zip: BROOKLINE, MA 02446

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEFALI SUNDERLAL CHANDEL PRES 03/31/2009

Electronic Signature of Signing Officer or Director — Date