2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004306

FILED Jun 29, 2009 Secretary of State

Entity Name: PROACTIVE FAMILY SOLUTIONS PRIVATE LIMITED COMPANY

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
3001 N. R TAMPA, F	OCKY POINT I L 33607	DRIVE E		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
6619 13TH BROOKLY	H AVE /N, NY 11219			
FEI Number	: 98-0600091	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:
	OS, TINA RARBROOKE ATER, FL 337			
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	00 03		
The above	,		rpose of changing its registered	d office or registered agent, or both,
The above	e named entity : e of Florida.		rpose of changing its registered	d office or registered agent, or both,
The above in the Stat	e named entity of e of Florida.			d office or registered agent, or both, Date
The above in the Stat SIGNATU In accordan	e named entity : e of Florida. RE: Electror ace with s. 607.19	submits this statement for the punic Signature of Registered Agen (3(2)(b), F.S., the corporation did not	t	
The above in the Stati SIGNATU in accordan Election Ca	e named entity : e of Florida. RE: Electror ace with s. 607.19	submits this statement for the punic Signature of Registered Agen (3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	t receive the prior notice.	
The above in the Stati SIGNATU in accordan Election Ca	e named entity: e of Florida. RE: Electror ice with s. 607.19 impaign Financing S AND DIREC	submits this statement for the punic Signature of Registered Agents (2)(b), F.S., the corporation did not go Trust Fund Contribution (). TORS: Delete HOD STREET, APT 1	t receive the prior notice.	Date

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: VIHOD SANKARAN D 06/29/2009