2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74255

Entity Name: TATA TEA INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1001 W DR	: M.L. KING JR Y, FL 33566		New I IIIC	ipai i lace oi bu	aniess.	
Current Mailing Address:			New Mailir	New Mailing Address:		
	M.L. KING JR Y, FL 33566	BLVD US				
FEI Number:	59-2809920	FEI Number Applied For()	FEI Number Not Appli	icable () Co	ertificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BHARDWAJ, ASKOK 1001 DR M L K BLVD PLANT CITY, FL 33566 US		1001 DR M	SANKARARAMAN, RAVI 1001 DR M L K BLVD PLANT CITY, FL 33566 US			
The above in the State		ubmits this statement for the pur	rpose of changing it	s registered offic	e or registered agent, or both,	
SIGNATURE: RAVI SANKARARAMAN				04/30/2009		
	Electronic	Signature of Registered Agent	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () D BHARDWAJ, ASH 1001 DR M L K B PLANT CITY, FL	SLVD	Title: Name: Address: City-St-Zip:	DP (X) Ch SANKARARAMAN, 1001 DR M L K BL' PLANT CITY, FL 3	VD	
Title: Name: Address: City-St-Zip:	C () C KAVARANA, F K 24 HOM MODY S BOMBAY, IN	Delete ST.	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition	
Title: Name: Address: City-St-Zip:	D () E GANDHI, ARUN 24 HOMI MODY S CALCUTTA INDIA		Title: Name: Address: City-St-Zip:	() Ch	ange()Addition	
Title: Name: Address: City-St-Zip:	D () C VENKITESWARA 1001 DR M.L. K. PLANT CITY, FL	N, V.	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition	
Title: Name: Address: City-St-Zip:	D () C KRISHNA, KUMAI MAHATMA GAND MUMBAI, INDIA,		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title:						

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: RAVI SANKARARAMAN PRES 04/30/2009