

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 28, 2008
Secretary of State**

DOCUMENT# L06000017714

Entity Name: PRAMAD INFOTECH LLC

Current Principal Place of Business:

3111 WEST DR. M.L.KING BLVD.,
SUITE 100
TAMPA, FL 33607 US

New Principal Place of Business:

New Mailing Address:

3111 WEST DR. M.L.KING BLVD.,
SUITE 100
TAMPA, FL 33607 US

Current Mailing Address:

3111 WEST DR. M.L.KING BLVD.,
SUITE 100
TAMPA, FL 33607 US

FEI Number: 33-1132720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONE, SAROJA
5437 RIVA RIDGE DR
WESLEY CHAPEL, FL 33544 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

MANAGING MEMBERS/MANAGERS:

Title: PCEO () Delete
Name: SAKAMURI, KAMAL
Address: 18038 ARBOR CREST DR
City-St-Zip: TAMPA, FL 33647 US

Title: PS () Delete
Name: GONE, SAROJA
Address: 5437 RIVA RIDGE DR
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CHINTALAPATI, RAMABINDU
Address: 10521 LUCAYA DRIVE
City-St-Zip: TAMPA, FL 33647

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAMAL SAKAMURI

PCEO

09/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date