2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002524

Apr 17, 2008 Secretary of State

Entity Name: INDIA ASSOCIATION CULTURAL AND EDUCATION CENTER OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2091 SW 55TH STREET ROAD OCALA, FL 34474

Current Mailing Address: New Mailing Address:

2091 SW 55TH STREET ROAD OCALA, FL 34474

FEI Number: 59-3640862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KARVE, NANDKUMAR R 2091 SW 55TH STREET ROAD OCALA, FL 34474 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: KOHLI, NAGESH DR Name: DOSHI, CHANDRAKANT

 Address:
 2020 SE 44TH LANE
 Address:
 8100 SW 54TH CT

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34476

Title: VP () Delete Title: VP (X) Change () Addition Name: DOSHI, CHANDRAKANT Name: PATEL, ANGANA

 Name
 PATEL, ANGAIVA

 Address:
 8100 SW 54TH CT
 Address:
 401 SE 36TH LANE

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34471

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$

 Name:
 CHANDRA, TINA DR
 Name:
 CACODCAR, PRAVINA

 Address:
 1980 SW 40TH PLACE
 Address:
 5574 SW 30TH AVENUE

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34474

Title: T () Delete Title: T (X) Change () Addition

 Name:
 PATEL, ANIL
 Name:
 PATIDAR, SAMUEL

 Address:
 1726 SW 27TH ST
 Address:
 6222 SW 80TH LANE

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34476

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: SAMUEL PATIDAR T 04/17/2008