

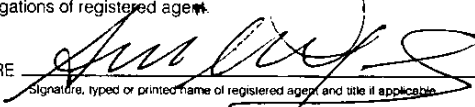
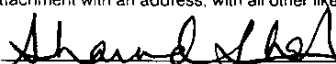


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2008 8:00 am**  
**Secretary of State**

08-21-2008 90001 018 \*\*\*\*70.00

<b>DOCUMENT # N01000000488</b> 1. Entity Name <b>INDIAN-AMERICAN CHAMBER OF COMMERCE INC.</b>					
Principal Place of Business <b>320 W SABAL PALM PLACE SUITE 300 LONGWOOD, FL 32779</b>				Mailing Address <b>P O BOX 915201 LONGWOOD, FL 32791</b>	
2. Principal Place of Business - No P.O. Box # <b>3700 34th Street</b>		3. Mailing Address <b>3700 34th Street</b>		<div style="font-size: 24px; font-weight: bold;">40113333</div>  <div style="margin-top: 10px;">           07162008    Chg-NP    CR2E037 (12/06)         </div>	
Suite, Apt., etc. <b>Suite 240</b>		Suite, Apt., etc. <b>Suite 240</b>			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>			
Zip <b>32805</b>		Zip <b>32805</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-3697193</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LOGAS, PHILIP L ESQ 34 E. PINE ST. ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>Anil Deshpande</b> Street Address (P.O. Box Number is Not Acceptable) <b>3700 34th Street St 240</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32805</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<b>Anil Deshpande</b>		<b>8/18/08</b>	
(NOTE: Registered Agent signature required when reinstating)		DATE			
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PALEJA, HANSRAJ 320 W SABAL PALM PLACE, SUITE 300 LONGWOOD, FL 32779</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Sharad Shah 1907 Katie Hill Way Windermere FL 34786</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VYAS, SUREE 320 W SABAL PALM PLACE, SUITE 300 LONGWOOD, FL 32779</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Niroo Kamdar 3524 Legacy Hills Ct Longwood FL 32779</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Brahm Aggarwal 9030 Southern Breeze DR Orlando FL 32836</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Anil Deshpande 8839 Southern Breeze DR Orlando FL 32836</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 		<b>SHARAD SHAH</b>		<b>8/13/08 407-481-8191</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	