2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001541

Entity Name: JACKSONVILLE TAMIL MANDRAM, INC.

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

8511 HAMPTON LANDING DR, E 7670 CROSSTREE LA JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

8511 HAMPTON LANDING DR, E 7670 CROSSTREE LA JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

FEI Number: 04-3624929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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:

- Flackwaria Cianakura of Davisharad Anauk

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:CHANDIRASEGAR, PATRICIAName:VENKATRAMA, KRISHNAAddress:8511 HAMPTON LANDING DR, EAddress:7670 CROSSTREE LACity-St-Zip:JACKSONVILLE, FL 32256City-St-Zip:JACKSONVILLE, FL 32256

 Address:
 14326 WOODFIELD CIR, S
 Address:
 12870 BRODICK CT

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:
 JACKSONVILLE, FL 32224

Title: () Delete Title: (X) Change () Addition NARAYANAN, PARTHASARATHI MOHAN, USHA Name: Name: 10000 GATE PARKWAY N, APT # 2215 Address: 7837 MT RANIER DR Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

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Title: JS () Delete Title: JS (X) Change () Addition
Name: KUMARESANB, UMASHANKARI Name: GANDHI, SHANDIYA
Address: 14760 GRASSY HOLE CT Address: 902 EAGLE POINT DRIVE

Address: 14/760 GRASSY HOLE CT Address: 902 EAGLE POINT DRIVE

City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: () Delete Title: (X) Change () Addition IYER, DHANYA ALANGARARAJ, MARTIN Name: Name: 705 CYPRESS CROSSING TRL 9912 WATERMARK LN, W Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: SAINT AUGUSTINE, FL 32095

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: ALANGARARAJ, MARTIN T 04/28/2007