2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006097

Entity Name: ANANDADHARA INC.

FILED May 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2318 SAINT CROIX STREET KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** 2318 SAINT CROIX STREET KISSIMMEE, FL 34741 FEI Number: 54-2069309 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: MUSTAFA, SHAWON 2318 SAINT CROIX STREET KISSIMMEE, FL 34741 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RAHMAN, SHABBIR W HOSSAIN, TOFAZZAL Name: Name: 1737 GOLF VIEW DR Address: 486 CIDER MILL PL Address: City-St-Zip: KISSIMMEE, FL 34741 US City-St-Zip: LAKE MARY, FL 32746 US Title: () Delete Title: () Change () Addition Name: MUSTAFA, SHAWON Name: Address: 2318 SAINT CROIX ST Address: City-St-Zip: KISSIMMEE, FL 34741 US City-St-Zip: Title: () Delete Title: () Change () Addition HOSSAIN, MD (ANANDA) I Name: Name: Address: 8313 DOT LANE Address: City-St-Zip: ORLANDO, FL 32809 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: ARFAN, SHAIKH Name: 5512 ARNOLD PALMER DR APT 1326 Address: Address: City-St-Zip: ORLNADO, FL 32811 US City-St-Zip: Title: () Delete Title: (X) Change () Addition KHAN, ANWAR H CHOUDHURY, HASAN T Name: Name: 2318 SAINT CROIX STREET 1278 EPSON OAKS WAY Address: Address: KISSIMMEE, FL 34741 US City-St-Zip: City-St-Zip: ORLANDO, FL 32837 US Title: () Delete Title: (X) Change () Addition HOSSAIN. TOFAZZAL RAHMAN, SHABBIR W Name: Name: Address: 486 CIDER MILL PL Address: 1737 GOLF VIEW DR KISSIMMEE, FL 34746 US LAKE MARY, FL 32746 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHAWON MUSTAFA D 05/05/2004

SHABBIR, SAIMA 1737 GOLF VIEW DR KISSIMMEE, FL 34746	D
SALAUDDIN, KHALED 8787 SOUTHSIDE BLVD JACKSONVILLEE, FL 32256	D
MUSTAFA, REGINA 2318 SAINT CROIX ST KISSIMMEE, FL 34741	D
HOSSAIN, ALAM ARA 8313 DOT LN ORLANDO, FL 32809	D
HOSSAIN, MD TAREK 413 ROBBINS REST CIR DAVENPORT, FL 33858	D
DEEBA, FARAH 413 ROBBINS REST CIR DAVENPORT, FL 33858	D
CHOWDHURY, ANJUMAN 5201 ABELIA DR ORLANDO, FL 32819	D
BHUIYAN, JAFAR IQBAL 166 OWENSHIRE CIR KISSIMMEE, FL 34744	D
ADHIKARY, SHAPON 512 NEW ENGLAND CT APT 305	D
ALTAMONTE SPRING, FL 32714	