

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006097

FILED
Jan 23, 2008
Secretary of State

Entity Name: ANANDADHARA INC.

Current Principal Place of Business:

2318 SAINT CROIX STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

2350 MONT CLAIR ROAD
LEESBURG, FL 34748 US

Current Mailing Address:

2318 SAINT CROIX STREET
KISSIMMEE, FL 34741

New Mailing Address:

2350 MONT CLAIR ROAD
LEESBURG, FL 34748 US

FEI Number: 54-2069309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MUSTAFA, SHAWON
2318 SAINT CROIX STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

ADHIKARY, SHAPON
2350 MONT CLAIR ROAD
LEESBURG, FL 34748 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: SHAPON ADHIKARY

01/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOSSAIN, MD (ANADA) I
Address: 8313 DOT LANE
City-St-Zip: ORLANDO, FL 32837 US

Title: D () Delete
Name: MUSTAFA, SHAWON
Address: 2318 SAINT CROIX ST
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D () Delete
Name: ADHIKARY, SHAPON
Address: 2350 MONT CLAIR RD
City-St-Zip: LEESBURG, FL 34748 US

Title: D () Delete
Name: ARFAN, SHAIKH
Address: 4539 CAMBIUM CT
City-St-Zip: ORLANDO, FL 32810 US

Title: D () Delete
Name: RAHMAN, SHABBIR W
Address: 1737 GOLFVIEW DR
City-St-Zip: KISSIMMEE, FL 34746 US

Title: D () Delete
Name: HOSSAIN, TOFAZZAL
Address: 240 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOSSAIN, ALAMGIR
Address: 3408 SNOWBELL CT
City-St-Zip: ORLANDO, FL 32810

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

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

Title: D (X) Change () Addition
Name: RAHMAN, MOHAMMED M
Address: 831 PONDEROSA PINE CT
City-St-Zip: ORLANDO, FL 32825 US

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

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: SHAPON ADHIKARY

D

01/23/2008

Electronic Signature of Signing Officer or Director

Date