

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002154

FILED
Jan 24, 2006
Secretary of State

Entity Name: INTERNATIONAL CENTER FOR ART & CULTURE OF PALM BEACH COUNTY INC

Current Principal Place of Business:

7281 CHEESAPEAKE CIRCLE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

7281 CHEESAPEAKE CIRCLE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 04-3745539 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VALLURI, RAJESWARI L
7281 CHEESAPEAKE CIRCLE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

VALLURI, LAKSHMI R
7281 CHEESAPEAKE CIRCLE
BOYNTON BEACH, FL 33436 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: VLR

01/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, BRUCE
Address: 120 DATURA STREET
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BRADY, MICHAEL
Address: 305 DATURA ST
City-St-Zip: WEST PALM BEACH, FL 33063

Title: D () Delete
Name: VALLURI, PRASAD
Address: 7281 CHESAPEAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: REDDY, NARINDER
Address: 18262 FRESH LAKE WAY
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: QUADRI, SAOOD
Address: 5410 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: VALLURI, LAKSHMI R
Address: 7281 CHESAPEAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D (X) Change () Addition
Name: VALLURI, SARVESWARA P
Address: 7281 CHESAPEAKE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D (X) Change () Addition
Name: KALLURI, DURGAPRASAD
Address: 6701 MALLARDS COVE ROAD # 19G
City-St-Zip: JUPITER, FL 33458 PB

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PRASAD VALLURI

D

01/24/2006

Electronic Signature of Signing Officer or Director

Date