2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# N03000003997

Entity Name: DRS. KIRAN & PALLAVI PATEL FOUNDATION FOR GLOBAL UNDERSTANDING, INC.

Current Principal Place of Business:

5600 MARINER STREET
SUITE 200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5600 MARINER STREET
SUITE 227
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-0020142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAMATAKIS & THALJI, PL
2701 NORTH ROCKY POINT DRIVE
SUITE 525
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

WILSON, KARREN A ESQ
5600 MARINER STREET
SUITE 216
TAMPA, FL 33609 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: KARREN WILSON 04/11/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PATEL, KIRAN C DR
Address: 5600 MARINER STREET, SUITE 227
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: PATEL, PALLAVI DR
Address: 5600 MARINER STREET, SUITE 227
City-St-Zip: TAMPA, FL 33609

Title: P ( ) Delete
Name: SANCHEZ, FRANK S
Address: 1101 CHANNELSIDE DRIVE
City-St-Zip: TAMPA, FL 33602

Title: T ( ) Delete
Name: SILBIGER, MARTIN DR
Address: 1827 BAYSHORE BLVD
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete
Name: TIDMORE, SIGRID E
Address: 3809 WEST CORONA STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DR. KIRAN PATEL D 04/11/2007
Electronic Signature of Signing Officer or Director Date