


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N05000002903 1. Entity Name UNNATI FOUNDATION INC.	
---	---

Principal Place of Business 21109 ESCONDIDO WAY BOCA RATON, FL 33433 US	Mailing Address 21109 ESCONDIDO WAY BOCA RATON, FL 33433 US
---	---



04042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2529907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KHARE, BRIJ B
211109 ESCONDIDO WAY
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000886207 04/18/08 00046 021 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHARE, BRIJ MR 21109 ESCONDIDO WAY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KHARE, NANCY S MRS 21109 ESCONDIDO WAY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NARAYANSWAMI, SARSA MRS 501 COUNTRY VALLEY ROAD WEST LAKE VILLAGE LOS ANGELES, CA 91362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MADNANI, BASANT MR P O BOX 9513 CORAL SPRINGS, FL 33075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVE, AMITA MRS 2221 DALADIER AVE RANCHO PALOS VERDES, CA 90274
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brij Khare* **4-4-08 (54)289-3131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #