

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002903

FILED
Apr 27, 2009
Secretary of State

Entity Name: UNNATI FOUNDATION INC.

Current Principal Place of Business:

21109 ESCONDIDO WAY
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

21109 ESCONDIDO WAY
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 20-2529907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: KHARE, BRIJ MR
Address: 21109 ESCONDIDO WAY
City-St-Zip: BOCA RATON, FL 33433 US

Title: DT () Delete
Name: KHARE, NANCY S MRS
Address: 21109 ESCONDIDO WAY
City-St-Zip: BOCA RATON, FL 33433 US

Title: VPD () Delete
Name: NARAYANSWAMI, SARSA MRS
Address: 501 COUNTRY VALLEY ROAD WEST LAKE VILLAGE
City-St-Zip: LOS ANGELES, CA 91362

Title: DS () Delete
Name: MADNANI, BASANT MR
Address: P O BOX 9513
City-St-Zip: CORAL SPRINGS, FL 33075

Title: DVP () Delete
Name: DAVE, AMITA MRS
Address: 2221 DALADIER AVE
City-St-Zip: RANCHO PALOS VERDES, CA 90274

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: DS (X) Change () Addition
Name: PIANELLI, GILDA (GIGI) MS
Address: UCPA, 2240SW 70TH ABE.
City-St-Zip: DAVIE, FL 33317

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: BRIJ B. KHARE

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date