

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008572

FILED  
Jan 20, 2007  
Secretary of State

**Entity Name:** NOBLE WAY FOUNDATION, INC.

**Current Principal Place of Business:**

P.O.BOX 142075  
CORAL GABLES, FL 33114

**New Principal Place of Business:**

4620 SW 10TH STREET  
MIAMI, FL 33134

**Current Mailing Address:**

P.O.BOX 142075  
CORAL GABLES, FL 33114

**New Mailing Address:**

**FEI Number:** 04-3837681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PUTTANNA, ABHINANDA  
4620 SW 10TH STREET  
MIAMI, FL 33134 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: P ( ) Delete  
Name: PUTTANNA, ABHINANDA  
Address: 4620 SW 10TH STREET  
City-St-Zip: MIAMI, FL 33134

Title: VP ( ) Delete  
Name: NARENDRA, VYJAYANTHI  
Address: 4620 SW 10TH STREET  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ABHINANDA PUTTANNA

P

01/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date