2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

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Entity Name: ATLANTIC INDIA ASSOCIATION CORP.

Current Principal Place of Business:

ATLANTIC INDIA ASSOCIATION
1170 SW MIRROR LAKE COVE
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

ATLANTIC INDIA ASSOCIATION
P.O. BOX 9628
PORT ST. LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 65-0016332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAGARSHETH, BHARAT J
542 NW EMBER WAY
JENSEN BEACH, FL 34957 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: BHATT, GAURANG
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

Title: VP ( ) Delete
Name: PATEL, RAJEN
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

Title: SEC ( ) Delete
Name: ALLA, SREENIVASA
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

Title: TRE ( ) Delete
Name: DESAI, ANJANA
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PATEL, RAJEN
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

Title: VP (X) Change ( ) Addition
Name: PATEL, MAFAT
Address: ATLANTIC INDIA ASSOCIATION P.O. BOX 9628
City-St-Zip: PORT. ST. LUCIE, FL 34985 US

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 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: ANJANA DESAI TRE 01/07/2009
Electronic Signature of Signing Officer or Director — Date