2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N06000008508

Entity Name: ANANDADHARA CULTURAL ACADEMY INC.

Current Principal Place of Business:

2318 SAINT CROIX ST
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

2318 SAINT CROIX ST
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 20-5401717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSTAFA, SHAWON
2318 SAINT CROIX ST
KISSIMMEE, FL 34741 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: D ( ) Delete
Name: MUSTAFA, SHAWON
Address: 2318 SAINT CROIX ST
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D ( ) Delete
Name: MUSTAFA, SHAWON
Address: 2318 SAINT CROIX ST
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D ( ) Delete
Name: SHAJAL, S M
Address: 2318 SAINT CROIX ST
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D ( ) Delete
Name: MILU, SYED K
Address: 1517 TANGELO CIR
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D ( ) Delete
Name: KHAN, ANWAR H
Address: 14 CAROUSEL CT
City-St-Zip: STERLING, VA 20164 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MUSTAFA, REGINA
Address: 2318 SAINT CROIX ST
City-St-Zip: KISSIMMEE, FL 34741 US

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

Title: D (X) Change ( ) Addition
Name: SULTANA, SHIREN
Address: 2318 SAINT CROIX ST
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D (X) Change ( ) Addition
Name: HOSSAIN, MD A
Address: 2318 SAINT CROIX ST
City-St-Zip: KISSIMMEE, FL 34741 US

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: SHAWON MUSTAFA D 04/24/2007

Electronic Signature of Signing Officer or Director — Date