## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000011069

City-St-Zip:

Entity Name: SRISAI KRUPANJALI, INC.

FILED Apr 24, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8937 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 **Current Mailing Address: New Mailing Address:** 8937 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 FEI Number: 20-5912447 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY RAJU, ANNAPOORNA 1201 HAYS STREET 8937 SOUTHERN BREEZE DRIVE TALLAHASSEE, FL 323012525 US ORLANDO, FL 32836 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: ANNAPOORNA RAJU 04/24/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RAJI. ANNAPURNA Name: Name: Address: 8937 SOUTHERN BREEZE DRIVE Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: Title: (X) Delete Title: () Change () Addition GANDHY, RAVI K Name: Name: Address: 7954 VERSILIA DR Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: Title: () Delete Title: () Change () Addition SANKAR, NOCHUR S Name: Name: 2336 R 4E LANE Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ARORA, VINOD Name: Address: 6515 CARTMEL LANE Address: WINDERMERE, FL 34786

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.

City-St-Zip:

SIGNATURE: ANNAPOORNA RAJU D 04/24/2008