

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001747

FILED
Apr 20, 2009
Secretary of State

Entity Name: SPIRIT OF BENGAL, INC.

Current Principal Place of Business:

421 NW SCENIC LAKE DR
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

421 NW SCENIC LAKE DR
LAKE CITY, FL 32055

New Mailing Address:

421 NW SCENIC LAKE DR
LAKE CITY, FL 32055

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOUDHURY, MOHAMMED
421 NW SCENIC LAKE DR
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

CHOUDHURY, MOHAMMED RA
421 NW SCENIC LAKE DR
LAKE CITY, FL 32055 US

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: MOHAMMED CHOUDHURY

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: CHOUDHURY, MOHAMMED
Address: 421 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: CHOUDHURY, SHAGUFTA
Address: 421 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: CHOUDHURY, SHARMILI
Address: 421 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change () Addition
Name: CHOUDHURY, SHAGUFTA
Address: 421 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

Title: O (X) Change () Addition
Name: CHOUDHURY, SHARMILI
Address: 421 NW SCENIC LAKE DR
City-St-Zip: LAKE CITY, FL 32055

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: MOHAMMED CHOUDHURY

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date