2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2009
Secretary of State

DOCUMENT# N07000003311

Entity Name: VITTAL ACADEMY INC.

Current Principal Place of Business:

15810 SEDGEWYCK CIRCLE NORTH
DAVIE, FL 33331

New Principal Place of Business:

15810 SEDGEWYCK CIRCLE NORTH
DAVIE, FL 33331 US

Current Mailing Address:

15810 SEDGEWYCK CIRCLE NORTH
DAVIE, FL 33331

New Mailing Address:

15810 SEDGEWYCK CIRCLE NORTH
DAVIE, FL 33331 US

FEI Number: 65-1300348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DORAISWAMY, VIDYA
15810 SEDGEWYCK CIR N
DAVIE, FL 33331 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: DORAISWAMY, VIDYA
Address: 15810 SEDGEWYCK CIR N
City-St-Zip: DAVIE, FL 33331

Title: VP ( ) Delete
Name: GANESAN, DORAISWAMY
Address: 15810 SEDGEWYCK CIR N
City-St-Zip: DAVIE, FL 33331

Title: SECR ( ) Delete
Name: VIGNESH, DORAISWAMY
Address: 15810 SEDGEWYCK CIR N
City-St-Zip: DAVIE, FL 33331

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: DORAISWAMY, VIDYA
Address: 15810 SEDGEWYCK CIR N
City-St-Zip: DAVIE, FL 33331 US

Title: VP (X) Change ( ) Addition
Name: GANESAN, DORAISWAMY
Address: 15810 SEDGEWYCK CIR N
City-St-Zip: DAVIE, FL 33331 US

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

Title: D ( ) Change (X) Addition
Name: DORAISWAMY, GANAVYA
Address: 15810 SEDGEWYCK CIR N
City-St-Zip: DAVIE, FL 33331 US

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: VIDYA PT 08/26/2009

Electronic Signature of Signing Officer or Director — Date