2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006450

FILED Mar 07, 2008 Secretary of State

Entity Name: INDIAN CULTURAL SOCIETY OF DAYTONA, INC.

Current Principal Place of Business: New Principal Place of Business:

5 QUEEN ANNE CT. ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

5 QUEEN ANNE CT. ORMOND BEACH, FL 32174

FEI Number: 26-0448018 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:

PATEL, SHAILESH K
5 QUEEN ANNE CT.
ORMOND BEACH, FL 32174 US
PATEL, SHAILESH K
1336 OSPREY NEST LANE
PORT ORANGE, FL 32128 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: SHAILESH PATEL 03/07/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 PATEL, SHAILESH K
 Name:
 PATEL, SHAILESH K

 Address:
 1336 OSPREY NEST LANE
 Address:
 1336 OSPREY NEST LANE

Address: 1336 OSPREY NEST LANE Address: 1336 OSPREY NEST LANE
City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128

Title: S () Delete Title: VP (X) Change () Addition Name: PATEL, TEJAL Name: PATEL, TEJAL

Address: 31 DEEPWOODS WAY

City-St-Zip: ORMOND BEACH, FL 32128

Address: 31 DEEPWOODS WAY

City-St-Zip: ORMOND BEACH, FL 32128

Title: T () Delete Title: T (X) Change () Addition

 Name:
 PATEL, PANKAJ
 Name:
 PATEL, TRUPTI

 Address:
 5 QUEEN ANNE CT.
 Address:
 5 QUEEN ANNE CT.

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 ORMOND BEACH, FL 32174

Title: () Delete Title: P () Change (X) Addition

 Name:
 Name:
 BHOOLA, SANGEETA

 Address:
 Address:
 32 BROADRIVER RD

 City-St-Zip:
 City-St-Zip:
 ORMOND BEACH, FL 32174

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: SHAILESH PATEL S 03/07/2008