

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jan 29, 2010**  
**Secretary of State**

DOCUMENT# N09000011437

**Entity Name:** NAVAJEEVAN EYE CARE TRUST USA, INC.**Current Principal Place of Business:**7164 CONCH BLVD.  
SEMINOLE, FL 33777**New Principal Place of Business:****Current Mailing Address:**7164 CONCH BLVD.  
SEMINOLE, FL 33777**New Mailing Address:****FEI Number:** 27-1448779**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CHITTIPEDDI, KUMAR  
7164 CONCH BLVD.  
SEMINOLE, FL 33777 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: PD  
Name: ACHARYA, K. SRIDHAR  
Address: TIRUCHANUR-TIRUPATI  
City-St-Zip: AP 517503, INDIA,

Title: SD  
Name: CHITTIPEDDI, KUMAR  
Address: 7164 CONCH BLVD.  
City-St-Zip: SEMINOLE, FL 33777

Title: TD  
Name: CHITTIPEDDI, SAILESH  
Address: 13071 SOLINDA  
City-St-Zip: TUSTIN, CA 92782

Title: MR  
Name: CLASTER, JAY  
Address: 519 CRICKLEWOOD DRIVE  
City-St-Zip: STATE COLLEGE, PA 16803 US

Title: MR  
Name: FIORENZANO, ARTHUR  
Address: 26 LARK INDUSTRIAL PARKWAY  
City-St-Zip: GREENVILLE, RI 02828

I hereby 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 all other like empowered.

SIGNATURE: KUMAR CHITTIPEDDI

SD

01/29/2010

Electronic Signature of Signing Officer or Director

Date