2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011437

FILED Jan 05, 2011 Secretary of State

Entity Name: NAVAJEEVAN EYE CARE TRUST USA, INC.

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

7164 CONCH BLVD. 4119 BAYSHORE BLVD SEMINOLE, FL 33777 ST. PETERSBURG, FL 33703

Current Mailing Address: New Mailing Address:

7164 CONCH BLVD. 204 37TH AVENUE N.

SEMINOLE, FL 33777 #351

ST. PETERSBURG, FL 33704

FEI Number: 27-1448779 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:

CHITTIPEDDI, KUMAR
7164 CONCH BLVD.
CHITTIPEDDI, KUMAR
204 37TH AVENUE N.

SEMINOLE, FL 33777 US 351 ST. PETERSBURG, FL 33704 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: KUMAR CHITTIPEDDI 01/05/2011

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:
 204 37TH AVENUE N. #351

 City-St-Zip:
 ST. PETERSBURG, FL 33704

Title: TD

Name: CHITTIPEDDI, SAILESH Address: 13292 CORDERO 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: 15 BLUEBERRY LANE City-St-Zip: JAMESTOWN, RI 02835

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 01/05/2011