

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47413

FILED
Jul 31, 2006
Secretary of State

Entity Name: INDIA CULTURAL AND EDUCATION CENTER, INC.

Current Principal Place of Business:

1115 S.W. 13TH STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

1115 S.W. 13TH STREET
GAINESVILLE, FL 32608 US

Current Mailing Address:

2019 NW 17TH LANE
GAINESVILLE, FL 32605 US

New Mailing Address:

10609 SW 12 TERRACE
MICANOPY, FL 32667 US

FEI Number: 59-3112858 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:

DR. RAMAKANT SRIVASTAVA
2019 NW 17TH LANE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

DR. RAMAKANT SRIVASTAVA
10609 SW 12 TERRACE
MICANOPY, FL 32667 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: RAMAKANT SRIVASTAVA

07/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QAYUMI, SHAHEDA MD
Address: 4016 NW 78TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: VASIL, PH.D., INDRA
Address: 4901 NW 19TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: HAZARWALA, INDIRA
Address: 6512 NW 50TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: S () Delete
Name: RAMAKANT, PH.D., SRIVASTAVA
Address: 2019 NW 17TH LN
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD () Delete
Name: JAIN, VIDYA MD
Address: 2817 NW 62ND TERRACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D () Delete
Name: SOMESHWAR, PH.D., ARUN V
Address: 5615 NW 45TH LANE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HAZARIWALA, INDIRA
Address: 6512 NW 50TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: S (X) Change () Addition
Name: RAMAKANT, PH.D., SRIVASTAVA
Address: 10609 SW 12 TERRACE
City-St-Zip: GAINESVILLE, FL 32667

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAMAKANT SRIVASTAVA

S

07/31/2006

Electronic Signature of Signing Officer or Director

Date