


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N48095	
1. Entity Name THE NAGDA FOUNDATION, INC.	

Principal Place of Business 150 SE 17TH ST #400 OCALA, FL 34471 US	Mailing Address 439 SW 48TH STREET RD OCALA, FL 34474 US
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03182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3112974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAGDA, RASIKLAL D 150 SE 17TH ST #400 OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **3/18/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

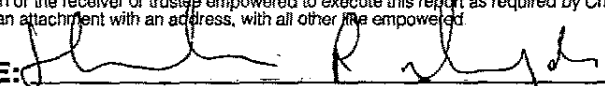
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAGDA, RASIKLAL D 439 S.W. 48TH ST. RD. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NAGDA, HARSHADA R 439 S.W. 48TH ST. RD. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARU, HANS 7 TAILING RIDGE RD BROOKFIELD, CN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANDU, RAMESH 18123 BLUE LAKE WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, HEENA 514 SPRING CLUB DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000292158
14/07/05-80058-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:  DATE: **3/18/05** 352-622-9226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR