


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # N93000005418</b>	
1. Entity Name NOBLE THOUGHTS DEVELOPMENT FOUNDATION, INC.	

Principal Place of Business 9132 N BAY BLVD ORLANDO, FL 32819	Mailing Address 1803 REFINERY RD GAINESVILLE, TX 76240
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DO NOT WRITE IN THIS SPACE

03162005 No Chg-NP		CR2E037 (10/03)
4. FEI Number 36-3739900	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SEVAK, DAKSHA 9132 N BAY BLVD ORLANDO, FL 32819	

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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEVAK, DAKSHA 9132 N BAY BLVD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, SHASHIKANT 724 SILVER WOOD DRIVE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANDYA, JAYESH 6001 W WACO DR #600 WACO, TX 76710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANDYA, NEETIN 1700 N I 35 GAINESVILLE, TX 76240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

SIGNATURE: <u>DAKSHA SEVAK</u>	04-05-05	940-668-0803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		