

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002117

FILED
Apr 21, 2006
Secretary of State

Entity Name: MUTHAMIZH SANGAM OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

8430 WAIALAE COURT
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8430 WAIALAE COURT
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3327604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE, FL 33311 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: D () Delete
Name: SWAMI, M
Address: 2240 PORPOISE ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: BASHYAM, B
Address: 8430 WAIALAE COURT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: IYENGAR, GOPAL
Address: 9162 GREAT HERRON CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: SUNDARLAM, K B
Address: 4411 SUNTREE BLVD
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: MADANAGOPAL, TIM
Address: 1513 SOUTHWIND CT
City-St-Zip: ORLANDO, FL 32707

Title: D () Delete
Name: SUBBIAH, RAJ
Address: 3932 LAKE MIRAGE BLVD
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SWAMI, M
Address: 2250 WESTBOURNE DRIVE
City-St-Zip: OVIEDO, FL 32765

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

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

Title: D (X) Change () Addition
Name: SRINIVASAN, K
Address: 2816 JACANA CT
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: MADANAGOPAL, TIM
Address: 1156 HOLLOW PINE DR
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: SUBBIAH, RAJ
Address: 2616 HAZEL GROVE LN
City-St-Zip: OVIEDO, FL 32766

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: M. SWAMI

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date