2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N94000002117

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:	P	( ) Delete
Name:	VENKATESAN, V	
Address:	8030, SANDBERRY BLVD.	
City-St-Zip:	ORLANDO, FL 32819	
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:	SWAMI, M	
Address:	2250 WESTBOURNE DRIVE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	MADANAGOPAL, TIM	
Address:	1156 HOLLOW PINE DR	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	SUBBIAH, RAJ	
Address:	2616 HAZEL GROVE LN	
City-St-Zip:	OVIEDO, FL 32766	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: BABUJI AMBIKAPATHY MR. 03/28/2009

Electronic Signature of Signing Officer or Director — Date