2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N99000007245

Entity Name: VEDIC CULTURAL SOCIETY, INC.

Current Principal Place of Business:

781 HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

781 HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0967490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGGARWAL, DARSHAN
781 HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983 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:	TP	( ) Delete
Name:	MAS, SNBRAMENUM	
Address:	2215 NEBRASKA SUITE 1E	
City-St-Zip:	FORT PIERCE, FL 34950	
Title:	TP	( ) Delete
Name:	CHALASANI, PARASAD MD	
Address:	781 HIDDEN RIVER DR	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	TP	( ) Delete
Name:	AGGARWAL, DARSHAN MD	
Address:	781 HIDDEN RIVER DR	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	S	( ) Delete
Name:	WALIA, SANJIVE MD	
Address:	781 HIDDEN RIVER DR	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	TT	( ) Delete
Name:	PATEL, DEVANG MD	
Address:	781 HIDDEN RIVER DR	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	T	( ) Delete
Name:	NAYYER, RAMESH	
Address:	604 W. MIDWAY RD	
City-St-Zip:	FORT PIERCE, FL 34982	

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: DARSHAN AGGARWAL PRES 04/24/2007

Electronic Signature of Signing Officer or Director — Date