

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083529

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: ALTAMONTE INVESTMENT CORPORATION OF CENTRAL FLORIDA

## Current Principal Place of Business:

4008 N FLORIDA AVE  
TAMPA, FL 33603

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 7008  
TAMPA, FL 33673

## New Mailing Address:

FEI Number: 74-3012418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALEMPATI, DHARMA  
4008 N FLORIDA AVE  
TAMPA, FL 33603 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MALEMPATI, KRISHNA  
Address: 244 E CEDAR DR  
City-St-Zip: PIKEVILLE, KY 41501

Title: D ( ) Delete  
Name: MALEMPATI, SRIHARI  
Address: 178 WALNUT DR  
City-St-Zip: PIKEVILLE, KY 41501

Title: D ( ) Delete  
Name: BLACKMON, SAILAJA M  
Address: 1506 N MARLIN DR  
City-St-Zip: MARION, IN 46952

Title: D ( ) Delete  
Name: MALEMPATI, DHARMA  
Address: P.O. BOX 7008  
City-St-Zip: TAMPA, FL 33673

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: MALEMPATI, SRIHARI  
Address: 535 TRIMBLE LAKE COURT  
City-St-Zip: ATLANTA, GA 30342

Title: D (X) Change ( ) Addition  
Name: BLACKMON, SAILAJA M  
Address: 5521 DYERBROOK COURT  
City-St-Zip: FORT WAYNE, IN 46835

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DHARMA MALEMPATI

D

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date