2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039141

Entity Name: ADITI ASSOCITES INCORPORATED

FILED Sep 06, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
12505, SR5 SUITE C-1 ORLANDO,	35				•		
Current Mailing Address:				New Mailing Address:			
12505, SR 5 SUITE C-1 ORLANDO,							
FEI Number:	04-3646083	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certific	ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
IKEJI, CHUCK 801 N. MAGNOLIA AVENUE 204A ORLANDO, FL 32803 US				ARORA, VINOD CPA 7232 SAND LAKE RD 201 ORLANDO, FL 32819 US			
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: VINOD ARORA				09/06/2005			
	Electroni	c Signature of Registered Agent	İ				Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PV () BATRA, BHUPIN 3215 SMPKE SI KISSIMMEE, FL	GNAL CIRCLE		Title: Name: Address: City-St-Zip:	()	Change	() Addition
Title: Name: Address: City-St-Zip:	SVP () BATRA, HARISH 5308 LONESOM KISSIMMEE, FL	E COVE DR.		Title: Name: Address: City-St-Zip:	SVP (X) BATRA, HARISH P.O. BOX 22334 LAKE BUENA VI	IK I	() Addition 32830
Title: Name: Address: City-St-Zip:	VP () BATRA, SAMEEI 5308 LONESOM KISSIMMEE, FL	E COVE DR		Title: Name: Address: City-St-Zip:	VP (X) BATRA, SAMEE P.O. BOX 22334 LAKE BUENA VI	R I	() Addition 32830
Title: Name: Address: City-St-Zip:	S () BATRA, HARISH 5308 LONESOM KISSIMMEE, FL	K E COVE DR		Title: Name: Address: City-St-Zip:	S (X) BATRA, HARISH P.O. BOX 22334 LAKE BUENA VI	l K I	() Addition 32830
Title: Name: Address: City-St-Zip:	VP () BATRA, DINESH 3215 SMOKE SI KISSIMMEE, FL	GNAL CIR		Title: Name: Address: City-St-Zip:	()	Change	() Addition
Title: Name: Address: City-St-Zip:	VP () BATRA, DINESH 3215 SMOKE SI KISSIMMEE, FL	GNAL CIR.		Title: Name: Address: City-St-Zip:	()	Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMEER BATRA VP 09/06/2005