

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039141

FILED
Apr 25, 2006
Secretary of State

Entity Name: ADITI ASSOCITES INCORPORATED

Current Principal Place of Business:

12505, SR535
SUITE C-1
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

12505, SR 535
SUITE C-1
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 04-3646083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARORA, VINOD CPA
7232 SAND LAKE RD
201
ORLANDO, FL 32819 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: PV () Delete
Name: BATRA, BHUPINDER
Address: 3215 SMPKE SIGNAL CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: SVP () Delete
Name: BATRA, HARISH K
Address: P.O. BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: VP () Delete
Name: BATRA, SAMEER
Address: P.O. BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: S () Delete
Name: BATRA, HARISH K
Address: P.O. BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: VP () Delete
Name: BATRA, DINESH K
Address: 3215 SMOKE SIGNAL CIR
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: BATRA, DINESH K
Address: 3215 SMOKE SIGNAL CIR.
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: BATRA, BHUPINDER
Address: 3215 SMOKE SIGNAL CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: VP (X) Change () Addition
Name: BATRA, HARISH K
Address: P.O. BOX 22334
City-St-Zip: LAKE BUENA VISTA, FL 32830

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 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: SAMEER BATRA

VP

04/25/2006

Electronic Signature of Signing Officer or Director

Date