

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059882

FILED
Apr 16, 2009
Secretary of State

Entity Name: ECODIAN CONSULTING GROUP INC.

Current Principal Place of Business:

6165 CARRIER DRIVE, # 3906
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6165 CARRIER DRIVE, # 3906
ORLANDO, FL 32819

New Mailing Address:

3165 43RD STREET
2ND FLOOR
ASTORIA, NY 11103

FEI Number: 47-0869666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAIDOO, MAYANDREN N
6165 CARRIER DRIVE, # 3906
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: CEOP () Delete
Name: NAIDOO, MAYANDREN N
Address: 6165 CARRIER DRIVE, # 3906
City-St-Zip: ORLANDO, FL 32819

Title: COO () Delete
Name: LAGARES, MARLENE
Address: 6165 CARRIER DRIVE, # 3906
City-St-Zip: ORLANDO, FL 32819

Title: CIO () Delete
Name: NAIDOO, MAYANDREN N
Address: 6165 CARRIER DRIVE, # 3906
City-St-Zip: ORLANDO, FL 32819

Title: CFO () Delete
Name: NAIDOO, MAYANDREN N
Address: 6165 CARRIER DRIVE, # 3906
City-St-Zip: ORLANDO, FL 32816

Title: CPO () Delete
Name: NAIDOO, MAYANDREN N
Address: 6165 CARRIER DRIVE, # 3906
City-St-Zip: ORLANDO, FL 32819

Title: CTO () Delete
Name: NAIDOO, MAYANDREN N
Address: 6165 CARRIER DRIVE, # 3906
City-St-Zip: ORLANDO, FL 32819

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

SIGNATURE: MAYANDREN NAIDOO

CEOP

04/16/2009

Electronic Signature of Signing Officer or Director

Date