2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# P03000103685

Entity Name: AVINYA DISTRIBUTORS, INC.

Current Principal Place of Business:

8865 COMMODITY CIRCLE SUITE 14B
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8865 COMMODITY CIRCLE SUITE 14B
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-0254982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KALIDAS, ARTI V
204 E. SOUTH STREET UNIT 5062
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

KALIDAS, ARTI V
8865 COMMODITY CIRCLE, STE 14B
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: ARTI KALIDAS 06/15/2009
Electronic Signature of Registered Agent 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:

Title: PD ( ) Delete
Name: KALIDAS, ARTI V
Address: 204 E. SOUTH STREET UNIT 5062
City-St-Zip: ORLANDO, FL 32801

Title: SD ( ) Delete
Name: KALIDAS, NIRMAKSEE
Address: 10641 HOLLY CREST DRIVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KALIDAS, ARTI V
Address: 8865 COMMODITY CIRCLE, STE 14B
City-St-Zip: ORLANDO, FL 32819

Title: SD (X) Change ( ) Addition
Name: KALIDAS, NIRMAKSEE
Address: 8865 COMMODITY CIRCLE, STE 14B
City-St-Zip: ORLANDO, FL 32819

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: ARTI KALIDAS PD 06/15/2009
Electronic Signature of Signing Officer or Director Date