May 08 2008 1:54PM HP LASERJET FAX

05/07/2008 01:58 8138776324 SHAH

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90034 010 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000033146

1. Entity Name
INDI VASUDEVA SERVICES, INC.

40101100

Principal Place of Business	Mailing Address
5819 MILTON AVENUE SARASOTA, FL 34243	5819 MILTON AVENUE SARASOTA, FL 34243

05062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2810 St. Isabel Street		10530 Bermuda Isle Dr	
Suite, Apt. #, etc.: Suite 101		Suite, Apt. #, etc.: —	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33607	Country: USA	Zip: 33647	Country: USA

4. FEI Number: 20-8671703 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, WAYNE F
5819 MILTON AVENUE
SARASOTA, FL 34243

7. Name and Address of New Registered Agent

Name: Frank Greco
Street Address (P.O. Box Number is Not Acceptable): 4047 Henderson Blvd
City: Tampa FL Zip Code: 33629

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5/8/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P M.D. VASUDEVA, INDI P 10530 BERMUDA ISLE TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/6/08 813.986.0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #