

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045570

Entity Name: SWASTI ENTERPRISES, INC.

FILED  
Mar 11, 2009  
Secretary of State

## Current Principal Place of Business:

20 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801

## New Principal Place of Business:

193 BARTON BLVD  
ROCKLEDGE, FL 32955

## Current Mailing Address:

20 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801

## New Mailing Address:

193 BARTON BLVD  
ROCKLEDGE, FL 32955

FEI Number: 98-0579629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENDRY, STONER, CALANDRINO & BROWN PA  
20 NORTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

GANDHI, NILESH  
193 BARTON BLVD  
ROCKLEDGE, FL 32955 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: NILESH GANDHI

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete  
Name: GUPTA, SUPRAJYA  
Address: 18 SAINIK VIHAR (GROUND FLOOR)  
City-St-Zip: NEW DELHI, INDIA, OC 110034 OC

Title: D ( ) Delete  
Name: ARORA, SILKI  
Address: 421 HIDDEN MEADOW LOOP, APT #115  
City-St-Zip: FERN PARK, FL 32730 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ARORA, SILKI  
Address: 14 CARMALT STREET APT 102  
City-St-Zip: COCOA, FL 32922 US

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: SILKI ARORA

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date