

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002728

FILED
Jan 06, 2007
Secretary of State

Entity Name: BAPS CARE INTERNATIONAL, INC.

Current Principal Place of Business:

81 SUTTONS LANE
SUITE 103
PISCATAWAY, NJ 08854

New Principal Place of Business:

Current Mailing Address:

81 SUTTONS LANE
SUITE 103
PISCATAWAY, NJ 08854

New Mailing Address:

FEI Number: 77-0533155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SHAILESH
541 SOUTHEAST 18TH AVENUE
BOYNTON BEACH, FL 33435 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATEL, NILKANTH
Address: 2939 DOUBLE LAKE
City-St-Zip: MISSOURI CITY, TX 77459

Title: VD () Delete
Name: PATEL, SUDHIR
Address: 375 ARDSLEY ROAD
City-St-Zip: SCARSDALE, NY 10583

Title: STD () Delete
Name: MEHTA, ANAND
Address: 8240 HIGH HAMPTON CHASE
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: AMIN, BHAVESH
Address: 5849 FOX HILL ROAD
City-St-Zip: HILLIARD, OH 43026

Title: D () Delete
Name: PATEL, GHANSHYAM C
Address: 15939 PINE STRAND CT.
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D () Delete
Name: KOTHARI, JITESH
Address: 701 W. IMPERIAL HWY., #1315
City-St-Zip: LA HABRA, CA 90631

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

SIGNATURE: ANAND MEHTA

STD

01/06/2007

Electronic Signature of Signing Officer or Director

_____ Date