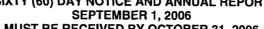
You can file your annual report online Visit our web site at www.sos.ky.gov

## **COMMONWEALTH OF KENTUCKY** TREY GRAYSON, SECRETARY OF STATE using a credit card or prepaid account. SIXTY (60) DAY NOTICE AND ANNUAL REPORT SEPTEMBER 1, 2006





**MUST BE RECEIVED BY OCTOBER 31, 2006** 

**ORGANIZATION ID#** 0617147

STATE OR COUNTRY OF INCORPORATION

ΚY	

ORGANIZATION DATE 07/11/2005 FILING \$15.00

001/14/	L1		
(1 CURRENT REGISTERED AGENT AND REGISTERED OF Changes made to the registered agent or registered office of Complete (3) to request a form to be mailed or download fo	cannot be made on this form.	(3) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO	
YOGENDRAKUMAR R MULIYA			
5841 BENTON ROAD		RECEIVED	
PADUCAH, KY 42003			
		SEP 2 5 2006	
		SECRETARY OF STATE	
2) EXACT CORPORATE NAME AND CURRENT PRINCIPAL	OFFICE ADDRESS	COMMONWEALTH OF KY	
CHAMUNDA INC			
5841 BENTON ROAD		(4) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO	
PADUCAH, KY 42003			
, , , , , , , , , , , , , , , , , , ,			
(5) PRINCIPAL OFFICERS If the corporation has previously file in the principal officers and give the business address for e officers. If sole officer, please note. The annual report will be	each person listed. If (5) is bla	names and titles of officers listed below. Please note any additions to or changes and, type or print the names and business addresses of the current principal es are not listed.	
President			
Vice-President		Address	
Secretary		Address	
Treasurer		Address	
		Address	
		Address	
6) DIRECTORS Type or print the names and business addr (KRS 271B.8-010(3)). Nonprofit corporations must list the	resses of the corporation's dir nree (3) or more directors (Ki	rectors. No listing of directors is verification that the corporation has dispensed with directors RS 273.211). The annual report will be returned if business addresses are not listed.	
Name		Address	
(7) Check here if you are a cooperative corporation Check here if you are a rural electric or rural tele	or association organize	d under KRS 272. Doration organized under KRS 279. D	
VERIFY THAT THE INFORMATION IN THIS A	NNUAL REPORT IS CU	JRRENT AS OF THE DATE THIS REPORT IS EXECUTED.	
	TITLE	DATED	
Signature of Officer or Chairman of the Board			

# ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

### **MAILING ADDRESS**

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150

# **OFFICE LOCATION**

Secretary of State State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601 (502)-564-2848

NOTE: P O Box 1150 is for annual report filings only.



# P.O. Box 1150 Frankfort, Kentucky 40602-1150 TREY GRAYSON SECRETARY OF STATE

# DATED MATERIAL ENCLOSED

File online at www.sos.ky.gov/annualreports

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A INSOMMONWEALTH OF KY
C ATTEMPTED NOT KNOWN
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