

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002466

FILED  
Jul 24, 2006  
Secretary of State

**Entity Name:** SHRI SHIV DHAM HINDU TEMPLE AND YOGA ASHRAM, INC.

**Current Principal Place of Business:**

460 OBERRY HOOVER ROAD  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

460 OBERRY HOOVER ROAD  
ORLANDO, FL 32825 US

**New Mailing Address:**

**FEI Number:** 59-3707997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PATEL, PRABODH C  
815 ORIENTA AVE., STE. 6  
ALTAMONTE SPRINGS, FL 32701 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: T ( ) Delete  
Name: LAKRAJ, MOHINI  
Address: 14754 BURNTWOOD CIR.  
City-St-Zip: ORLANDO, FL 32826

Title: T ( ) Delete  
Name: LAKRAS, AMARNAUTH  
Address: 14754 BURNTWOOD CIR.  
City-St-Zip: ORLANDO, FL 32826

Title: T ( ) Delete  
Name: SHARMA, SOHANTIE  
Address: 6640 SW 26 CT  
City-St-Zip: MIRAMAR, FL 33023

Title: P ( ) Delete  
Name: RAMDHANI, DANNY  
Address: 13807 GUILDHALL CIR  
City-St-Zip: ORLANDO, FL 32828

Title: S ( ) Delete  
Name: NAIDU, KAVITA  
Address: 2987 SUMMER SWAIN DR  
City-St-Zip: ORLANDO, FL 32833

Title: T ( ) Delete  
Name: RAJ, PAM  
Address: 8710 PINESTAR LANE  
City-St-Zip: ORLANDO, FL 32825

**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: MOHINI LAKRAJ

MS.

07/24/2006

Electronic Signature of Signing Officer or Director

Date