

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002466

FILED
May 01, 2008
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: 1404 OBERRY HOOVER RD
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: LAKRAS, AMARNAUTH
Address: 1404 OBERRY HOOVER RD
City-St-Zip: ORLANDO, FL 32825

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: 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: T (X) Change () Addition
Name: LAKRAJ, AMARNAUTH
Address: 1404 OBERRY HOOVER RD
City-St-Zip: ORLANDO, FL 32825

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 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

T

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date