



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000004423</b> 1. Entity Name <b>ALUMNI ASSOCIATION OF SREE NARAYANA COLLEGES IN KOLLAM, INC.</b>		
Principal Place of Business      Mailing Address <b>118 NW HERON GLEN LAKE CITY FL 32055</b> <b>118 NW HERON GLEN LAKE CITY FL 32055</b>		  1st MOORE      CR2E037 (10/06)
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Surlo, Apt. #, etc.	Surlo, Apt. #, etc.	
City & State	City & State	4. FEI Number <b>65-0718432</b>
Zip	Country	Country
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
<b>BHASKAR, GIRISH 118 NW HERON GLEN LAKE CITY FL 32055</b>		Name
		Street Address (P. O. Box Number is Not Acceptable)
		City
		<b>FL</b> Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>Make Check Payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME PT <b>BHASKAR, GIRISH B</b> STREET ADDRESS <b>118 NW HERON GLEN</b> CITY-ST-ZIP <b>LAKE CITY FL 32055</b>	<input type="checkbox"/> Delete	TITLE / NAME Change      Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME S <b>BHOOSHANAN, PARVATHY</b> STREET ADDRESS <b>NO 91 S INTERLAKEN DR</b> CITY-ST-ZIP <b>MADISON AL 35758</b>	<input type="checkbox"/> Delete	TITLE / NAME Change      Addition 100000651358 03/09/07-80005-004 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME D <b>BHASKAR, SATISH</b> STREET ADDRESS <b>8218 WEST 127TH PLACE</b> CITY-ST-ZIP <b>OVERLAND PARK KS 66213</b>	<input type="checkbox"/> Delete	TITLE / NAME Change      Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME Street Address City-St-Zip	<input type="checkbox"/> Delete	TITLE / NAME Change      Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME Street Address City-St-Zip	<input type="checkbox"/> Delete	TITLE / NAME Change      Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE / NAME Street Address City-St-Zip	<input type="checkbox"/> Delete	TITLE / NAME Change      Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Girish Bhaskar*      **GIRISH BHASKAR**      2/25/07      386 755 3016