


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

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

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|---|---|
| DOCUMENT # N970000CZ147- 1. Entity Name SANATAN MANDIR OF FLORIDA, INC. |  |
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| Principal Place of Business 1225 ABBERTON DR. ORLANDO FL 32837 | Mailing Address 1225 ABBERTON DR ORLANDO FL 32837 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

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|-----------------------------|-----------------------------|
| City & State Zip Country | City & State Zip Country |
|-----------------------------|-----------------------------|

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| 4. FEI Number 59-3610993 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HANOMAN, RAMNARAIN 1225 ABBERTON DRIVE ORLANDO FL 32837 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|------------------------|---------------------------------|
| TITLE | PD | |
| NAME | SEEARAM, MAHINDRANAUTH | |
| STREET ADDRESS | 742 CITRUS COVE DR | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | HAIMDATT, SADOO | |
| STREET ADDRESS | 1046 EMPRESS LANE | |
| CITY-ST-ZIP | ORLANDO FL 32825 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HANOOMAN, MAHADEO | |
| STREET ADDRESS | 13713 HAWK LAKE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 34823 | |
| TITLE | ATD | <input type="checkbox"/> Delete |
| NAME | TILLOKIE, LEELEWATIE | |
| STREET ADDRESS | 2726 CAMOMILE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32837 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | HANOOMAN, RAJIV | |
| STREET ADDRESS | 13713 HAWK LAKE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 34823 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | HANOMAN, RAMNARAIN | |
| STREET ADDRESS | 1225 ABBERTON DR. | |
| CITY-ST-ZIP | ORLANDO FL 32837 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---|--|---|
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Mahindranauth Seearam* 2-22-07