


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT\***

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 732590</b> 1. Entity Name SIKH DHARMA BROTHERHOOD OF ALTAMONTE SPRINGS, FLORIDA, INC.	
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Principal Place of Business 400 CENTER ST. ALTAMONTE SPRINGS, FL 32701	Mailing Address 400 CENTER ST. ALTAMONTE SPRINGS, FL 32701
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**DO NOT WRITE IN THIS SPACE**



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0152375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KHALSA, SAMPURAN S. _ 400 CENTER ST. ALTAMONTE SPRINGS, FL 32701	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000767441 07/10/07-80005-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHALSA, SAMPURAN S., 400 CENTER ST. ALTAMONTE SPGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KHALSA, MAHAN KALPA S. 400 CENTER ST. ALTAMONTE SPGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KHALSA, SWARN K. 400 CENTER ST. ALTAMONTE SPGS., FL
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **Sampuran S. Khalsa** 7-5-07 407-831-810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #