2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# F04000003479

Entity Name: SWAMINARAYAN AKSHARPITH, INC.

Current Principal Place of Business:

81 SUTTONS LANE
PISCATAWAY, NJ 08854

New Principal Place of Business:

Current Mailing Address:

81 SUTTONS LANE
PISCATAWAY, NJ 08854

New Mailing Address:

FEI Number: 84-1617179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAILESH, PATEL
541 SOUTH EAST 18TH AVENUE
BOYNTON BEACH, FL 33435 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:	PD	( ) Delete
Name:	PATEL, MITUL	
Address:	2579 WOODBRIDGE AVENUE	
City-St-Zip:	EDISON, NJ 08817	
Title:	VD	( ) Delete
Name:	PANDYA, HEMANT	
Address:	8715 WINDING RIVER WAY	
City-St-Zip:	RALEIGH, NC 27616	
Title:	STD	( ) Delete
Name:	PATEL, VIPUL	
Address:	43 JEFFERSON DRIVE	
City-St-Zip:	PISCATAWAY, NJ 08854	
Title:	D	( ) Delete
Name:	PATEL, BABU	
Address:	13206 DUSTY GROVE LANE	
City-St-Zip:	SUGAR LAND, TX 77478	
Title:	D	( ) Delete
Name:	SOLANKI, KALPESH	
Address:	1030 W. EL SEGUNDO	
City-St-Zip:	GARDENA, CA 90247	
Title:	D	( ) Delete
Name:	RAY, PANKAJ	
Address:	664 LIBERTY AVENUE	
City-St-Zip:	JERSEY CITY, NJ 07307	

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: MITUL PATEL PD 01/06/2007

Electronic Signature of Signing Officer or Director — Date