2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005075

Entity Name: BAPS SHAYONA, INC.

FILED Jan 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 81 SUTTONS LANE PISCATAWAY, NJ 088545723 **Current Mailing Address: New Mailing Address:** 81 SUTTONS LANE PISCATAWAY, NJ 088545723 FEI Number: 11-3428578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, SHAILESH 541 SOUTH EAST 18TH AVENUE BOYNTON BEACH, FL 33435 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete PATEL, MAHENDRA PATEL, MAHENDRA Name: Name: 5 BRENDA ROAD Address: 5 BRENDA ROAD Address: City-St-Zip: NORTON, MA 02756 City-St-Zip: NORTON, MA 02756 Title: DVP () Delete Title: (X) Change () Addition BRAHMBHATT, RAJU Name: BRAHMBHATT, RAJU Name: Address: 17 DEANNA DR Address: 17 DEANNA DR City-St-Zip: EAST HANOVER, NJ 07936 City-St-Zip: EAST HANOVER, NJ 07936 Title: DST () Delete Title: (X) Change () Addition VAGHELA, MADANSINH VAGHELA, MADANSINH Name: Name: 529 MIL WOOD BLVD Address: Address: 529 MIL WOOD BLVD City-St-Zip: MARYSVILLE, OH 43040 City-St-Zip: MARYSVILLE, OH 43040 Title: () Delete Title: () Change () Addition Name: PATEL, ARVIND Name: 5647 E. FOUNTAIN CR Address: Address: City-St-Zip: MASON, OH 45040 City-St-Zip: Title: () Delete Title: () Change () Addition PATEL, MAYANK Name: Name: 12575 91ST PLACE N Address: Address: City-St-Zip: MAPLE GROVE, MN 55369 City-St-Zip: Title: () Delete Title: () Change () Addition PATEL, TUSHAR Name: Name: Address: 1425 ROANOAE TRACE Address: GRAYSON, GA 30017 City-St-Zip: 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: MAHENDRA PATEL PD 01/06/2007