2007 FOR PROFIT CORPORATION ANNUAL REPORT

above, or on an attachment with an address, with all other like empowered.

Electronic Signature of Signing Officer or Director

SIGNATURE: UPENDRA PATEL

DOCUMENT# F05000007476

Entity Name: HARI KRISHNA, INC.

FILED Feb 08, 2007 Secretary of State

02/08/2007

Date

PD

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
584 STREAMWOOD IVY TRAIL SUWANEE, GA 30024					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
584 STREAMWOOD IVY TRAIL SUWANEE, GA 30024					
FEI Number:	20-0274555	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, UPENDRA 8551 KESHAV TAYLOR DR. MILTON, FL 32583 US					
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	c Signature of Registered Agent	t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()[PATEL, UPENDR 584 STREAMWO SUWANEE, GA	OOD IVY TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () I PATEL, MAHENE 2845 PINE STRE DULUTH, GA 30	EET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I PATEL, SANGITA 584 STREAMWO SUWANEE, GA	OOD IVY TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I PATEL, PANKAJ 2845 PINE STRE DULUTH, GA 30		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I PATEL, REENA 201 ST. PAUL AV JERSEY CITY, N		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I PATEL, DEEPES 201 ST. PAUL AV JERSEY CITY, N	/E., APT 14-E	Title: Name: Address: City-St-Zip:	()Change ()Addition	
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 607, Florida Statutes; and that my name appears					