2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F05000007476

Entity Name: HARI KRISHNA, INC.

Current Principal Place of Business:

584 STREAMWOOD IVY TRAIL
SUWANEE, GA 30024

New Principal Place of Business:

Current Mailing Address:

584 STREAMWOOD IVY TRAIL
SUWANEE, GA 30024

New Mailing Address:

FEI Number: 20-0274555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, UPENDRA
8551 KESHAV TAYLOR DR.
MILTON, FL 32583 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PATEL, UPENDRA
Address: 584 STREAMWOOD IVY TRAIL
City-St-Zip: SUWANEE, GA 30024

Title: SD ( ) Delete
Name: PATEL, MAHENDRA
Address: 2845 PINE STREET
City-St-Zip: DULUTH, GA 30096

Title: D ( ) Delete
Name: PATEL, SANGITA U
Address: 584 STREAMWOOD IVY TRAIL
City-St-Zip: SUWANEE, GA 30024

Title: D ( ) Delete
Name: PATEL, PANKAJ
Address: 2845 PINE STREET
City-St-Zip: DULUTH, GA 30096

Title: D ( ) Delete
Name: PATEL, REENA
Address: 201 ST. PAUL AVE, APT 14-E
City-St-Zip: JERSEY CITY, NJ 07306

Title: D ( ) Delete
Name: PATEL, DEEPESH
Address: 201 ST. PAUL AVE., APT 14-E
City-St-Zip: JERSEY CITY, NJ 07306

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

SIGNATURE: UPENDRA PATEL PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date