2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004131

FILED Mar 02, 2006 Secretary of State

Entity Name: BOCHASANWASI SHREE AKSHAR PURUSHOTTAM SWAMINARAYAN SANSTHA-SOUTHEAST, INC.

Current Principal Place of Business: New Principal Place of Business: 3518 CLARKSTON INDUSTRIAL BLVD CLARKSTON, GA 30021 **Current Mailing Address: New Mailing Address:** 3518 CLARKSTON INDUSTRIAL BLVD 81 SUTTONS LANE CLARKSTON, GA 30021 PISCATAWAY, NJ 08854 FEI Number: 11-3428574 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:

OFFICERS AND DIRECTORS:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

(X) Change () Addition () Delete PATEL, SHANKER PATEL, SHANKER Name: Name: 109 GEERS DRIVE Address: 109 GEERS DRIVE Address: City-St-Zip: LEBANON, TN 37087 City-St-Zip: LEBANON, TN 37087 Title: () Delete Title: VD (X) Change () Addition PATEL, MAHENDRA Name: PATEL, MAHENDRA Name: Address: 824 FOWLER CIRCLE Address: 824 FOWLER CIRCLE City-St-Zip: BIRMINGHAM, AL 35215 City-St-Zip: BIRMINGHAM, AL 35215 Title: STD () Delete Title: () Change () Addition PATEL, JITENDRA Name: Name: 7300 S W 10TH STREET Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: Title: () Delete () Change () Addition PATEL, K C DR Name: Name: 110 STONE RIDGE DRIVE Address: Address: City-St-Zip: SALISBURY, NC 28146 City-St-Zip: Title: () Delete Title: () Change () Addition PATEL, HARISH M Name: Name: 206 LONDONDERRY DRIVE Address: Address: City-St-Zip: LUMBERTON, NC 28538 City-St-Zip: Title: () Delete Title: () Change () Addition PATEL. SHAILESH Name: Name: Address: 10011 N W 52ND STREET Address: CORAL SPRINGS, FL 33076 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: SHANKER PATEL PD 03/02/2006