


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N00022 1. Entity Name HINDU TEMPLE OF FLORIDA, INC.	
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Principal Place of Business 5509 LYNN ROAD TAMPA, FL 33624	Mailing Address 5509 LYNN ROAD TAMPA, FL 33624
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2411940	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent RAMAPPA, G M 12136 COBBLESTONE DRIVE BAYONET POINT, FL 34667	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMAPPA, G.M. 12136 COBBLESTONE DRIVE BAYONEY POINT, FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEI, GN 13706 SUN CT TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAVINDRA, CHITRA 1223 DARLINGTON OAK CIR ST PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

1100000268523
03/18/05-80047-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Aitha Landis* 2/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #