


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

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90067 023 ****61.25

DOCUMENT # N02000005342 1. Entity Name VISHNU MANDIR, INC.	
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Principal Place of Business 5803 LYNN RD. TAMPA, FL 33624	Mailing Address 3052 7TH AVE N SAINT PETERSBURG, FL 33713
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01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0553790	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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8. Name and Address of Current Registered Agent SHARMA, SEWNARINE 5803 LYNN RD. TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGH, SHANTIA 3052 7TH AVE. SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARIMAL, BUTALA 1307 E. HILLSBOROUGH AVE. TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DINDIAL, SONN L 5549 24TH AVE N. SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NARIE, PERSAD 2801 LACOUCHA DR. CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PRATIV 3312 LITHIA PINECREST RD VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADHO, JAIMANGAL 3301 3RD AVE N. SAINT PETERSBURG, FL 33713

**DO NOT WRITE
IN THIS SPACE**

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: Shantia Singh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/05
Date

7273233101
Daytime Phone #