



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90180 027 ****61.25

DOCUMENT # N02000007421					
1. Entity Name SURYANARAYAN FOUNDATION INC.					
Principal Place of Business 2806 N. 9TH ST. TAMPA, FL 33605		Mailing Address 2806 N. 9TH ST. TAMPA, FL 33605		40069775	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 81-0576281	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEUPAUL, CLAUDE 2806 N. 9TH ST. TAMPA, FL 33605			Name Claude Seupaul		
			Street Address (P.O. Box Number is Not Acceptable)		
			10434 Bloomfield Hills DR		
			City Seffner		
			FL		
			Zip Code 33584		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 <i>ck#</i> Due by May 1, 2006 <i>1044</i>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P. Founder	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEUPAUL, CLAUDE		NAME	Seupaul, Claude	
STREET ADDRESS	2806 N. 9TH ST.		STREET ADDRESS	10434 Bloomfield Hills Dr	
CITY-ST-ZIP	TAMPA, FL 33605		CITY-ST-ZIP	Seffner, FL 33584	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<i>S. Founder</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOOKHO, ROOPNARINE		NAME	<i>Sookho, Roopnarine</i>	
STREET ADDRESS	1703 WEST ERNA STREET		STREET ADDRESS	<i>11528 Misty Isles Lane</i>	
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP	<i>Riverview, FL 33569</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	S. Founder	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMEOP, LEELA		NAME	Sookho, Roopnarine	
STREET ADDRESS	11515 ANDY DRIVE		STREET ADDRESS	11528 Misty Isles Lane	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMROOP, LEELA		NAME	Ramroop, Leela	
STREET ADDRESS	11515 ANDY DRIVE		STREET ADDRESS	11515 Andy Drive	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Riverview, FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHARAJ, RAM		NAME	Maharaj, Ram	
STREET ADDRESS	18307 CYPRESS HAVEN DRIVE		STREET ADDRESS	18307 Cypress Haven Drive	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Tampa, FL 33647	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Claude Seupaul</i> President			Date: <i>4/26/06</i>		Daytime Phone #: <i>813-621-6516</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					