

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N02000007480

Entity Name: AMRIT YOGA FOUNDATION, INC.

Current Principal Place of Business:

23855 NE COUNTY ROAD 314
SALT SPRINGS, FL 32134

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5340
SALT SPRINGS, FL 32134

New Mailing Address:

FEI Number: 23-3057325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IVEY, LILA H
23855 NE COUNTY ROAD 314
SALT SPRINGS, FL 32134 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DESAI, AMRIT
Address: P.O. BOX 5340
City-St-Zip: SALT SPRINGS, FL 32134

Title: PD () Delete
Name: DESAI, KAMINI A
Address: P O BOX 5340
City-St-Zip: SALT SPRINGS, FL 32134

Title: STD () Delete
Name: IVEY, LILA H
Address: 23855 NE HWY 314
City-St-Zip: SALT SPRINGS, FL 32134

Title: () Delete
Name:
Address:
City-St-Zip:

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: VPD () Change (X) Addition
Name: ADVANI, BALRAM
Address: 516 W. SADDLE RIVER ROAD
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

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: LILA IVEY

STD

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date