

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001296

FILED
Apr 26, 2004
Secretary of State

Entity Name: SATTVA ALLIANCE FOR SUSTAINABLE DEVELOPMENT, INC.

Current Principal Place of Business:

27511 NW CR 241
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

27511 NW CR 241
ALACHUA, FL 32615

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAISZ, STEPHEN
27511 NW CR 241
ALACHUA, FL 32615

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: RAISZ, STEPHEN
Address: 27511 NW CR 241
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: WOODHAM, CARL
Address: P.O. BOX 247
City-St-Zip: LA CROSSE, FL 32658

Title: D () Delete
Name: PRASAD, BHISHAM
Address: 243 AVENUE ROAD
City-St-Zip: TORONTO, ONTARIO CANADA, M5R 2J6

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN RAISZ

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date