2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001342

Entity Name: MANAV MANDIR INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

2290 W EAU GALLIE BLVD, STE 200

2200 W EAU GALLIE BLVD, STE 200

MELBOURNE, FL 32935 MELBOURNE, FL 32935

Current Mailing Address: New Mailing Address:

2290 W EAU GALLIE BLVD, STE 200
MELBOURNE, FL 32935

2200 W EAU GALLIE BLVD, STE 200
MELBOURNE, FL 32935

FEI Number: 86-1070806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOILEAU, JOHN L 1970 MICHIGAN AVE, STE C COCOA, FL 32923 US

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:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

3465 BIG PINE ROAD

MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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Title:	PRES () Delete	Title:	()Change ()Addition
Name:	GADODIA, GOPAL	Name:	
Address:	129 LANSING IS DR	Address:	
City-St-Zip:	IHB, FL 32937	City-St-Zip:	
Title:	VP () Delete	Title:	()Change ()Addition
Name:	SHAH, MAHESH	Name:	
Address:	702 HAWKSBILL DR	Address:	
City-St-Zip:	SATELLITE BEACH, FL 32937	City-St-Zip:	
Title:	TR () Delete	Title:	()Change ()Addition
Name:	DESAI, SHASHIN	Name:	
Address:	2200 WEST EAU GALLIE BLVD.	Address:	
City-St-Zip:	MELBOURNE, FL 32935	City-St-Zip:	
Title:	SEC () Delete	Title:	() Change () Addition
Name:	SONI, MAHESH	Name:	
Address:	1051 PORT MALABAR BLVD #9	Address:	
City-St-Zip:	PALM BAY, FL 32905	City-St-Zip:	
Title:	BD () Delete	Title:	() Change () Addition
Name:	SHAH, RAJESH	Name:	
Address:	740 NICHLAUS DR	Address:	
City-St-Zip:	MELBOURNE, FL 32940	City-St-Zip:	
Title:	BD () Delete	Title:	() Change () Addition
Name:	PATEL, PRAVIN	Name:	

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.

Address:

City-St-Zip:

SIGNATURE: GOPAL GADODIA PRES 04/20/2006