

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006820

FILED
Apr 15, 2005
Secretary of State

Entity Name: SHRI SARASWATI DEVI MANDIR INC.

Current Principal Place of Business:

16220 LIVINESTON AVE.
LUTZ, FL 33549

New Principal Place of Business:

16220 LIVINESTON AVE.
LUTZ, FL 33559

Current Mailing Address:

15909 OLD STONE PL.
TAMPA, FL 33624

New Mailing Address:

16220 LIVINESTON AVE.
LUTZ, FL 33559

FEI Number: 27-0065183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARMA, DAVE P
15909 OLD STONE PLACE
TAMPA, FL 33624 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: P () Delete
Name: SHARMA, DAVE P
Address: 15909 OLD STONE PLACE
City-St-Zip: TAMPA, FL 33624

Title: AT () Delete
Name: ANNIRUDE, NARINE
Address: 5638 PADDOCK TRL. DR.
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: PERSAUD, JANGBAHADOOR
Address: 1450 WILKINSON DRIVE
City-St-Zip: PLANT CITY, FL 33567

Title: T () Delete
Name: JAGMOHAN, BURT C
Address: 16019 GLEN HAVEN DR.
City-St-Zip: TAMPA, FL 33618

Title: AS () Delete
Name: PERSAUD, NANDANIE K
Address: 15120 BRUSHWOOD DR.
City-St-Zip: TAMPA, FL 33624

Title: AS () Delete
Name: MOHANLALL, KOBIR
Address: 6445 17TH WAY NORTH
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RAMLALL, NARINE
Address: 8306 NORTH ROME AVENUE
City-St-Zip: TAMPA, FL 33604

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: AT (X) Change () Addition
Name: ANNIRUDE, NARINE
Address: 5638 PADDOCK TRAIL DRIVE
City-St-Zip: TAMPA, FL 33624

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: NANDANIE PERSAUD

AS

04/15/2005

Electronic Signature of Signing Officer or Director

Date