

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006820

FILED
Mar 16, 2007
Secretary of State

Entity Name: SHRI SARASWATI DEVI MANDIR INC.

Current Principal Place of Business:

16220 LIVINGSTON AVE
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

16220 LIVINGSTON AVE
LUTZ, FL 33559

New Mailing Address:

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
30927 BRIDGEGATE DRIVE
WESLEY CHAPEL, FL 33544 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: 30927 BRIDGEGATE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

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

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: 10832 CORY LAKE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: AT () Delete
Name: ANNIRUDE, NARAIN
Address: 5638 PADDOCK TRAIL DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: NANDANIE PERSAUD

AS

03/16/2007

Electronic Signature of Signing Officer or Director

Date