2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

ANNUAL	REPORT	

05-04-2005 90138 040 ****61.25 **DOCUMENT # N04000003984** TRI BHUWAN SHAKTI MANDIR, INC. 4000-Mailing Address Principal Place of Business 1600 PARK MANOR DR. 1600 PARK MANOR DR. ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E037 (10/03) City & State City & State 4. FEI Numbe Applied For 20-1029946 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUPAN, ANJANIEE Street Address (P.O. Box Number is Not Acceptable) 4901 SUDBURY CT. ORLANDO, FL 32826 Zip Code 8. 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. T. / Delete TITLE Addition TITLE Change RUPAN, ANJANIEE NAME NAME STREET ADDRESS 4901 SUDBURY CT. STREET ADDRESS ORLANDO, FL 32826 CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete Change ☐ Addition GANESH, KAISRIE NAME NAME STREET ADDRESS 3919 DALLAS BLVD. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32833 CITY-ST-7JP Delete ☐ Change ☐ Addition TITLE TITLE SATNARINE, JAYONTEE NAME 13231 MEDOWLAK LANE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32828 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Channe ☐ Addition TITLE ☐ Delete LATCHMAN, KRISHNA NAME NAME STREET ADDRESS STREET ADDRESS 12303 E. COVE DR. CITY-ST-ZIP ORLANDO, FL 32826 CITY-ST-712 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME OODHICAN, PADMATIE NAME 2874 N. PINE HILLS RD.#143 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32808 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RUBEL
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF

ANJANIEE K

RUPAN

4/13/05

407-923-0439

Daytime Phone #