




# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

*Amended*  
**FILED**

06 FEB 14 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N04000010456</b>					
1. Entity Name SRI BALA SAI HUMANITY SERVICE CORP., USA.					
Principal Place of Business P O BOX 8195 PORT ST-LUCIE, FL 34985			Mailing Address P O BOX 8195 PORT ST-LUCIE, FL 34985		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1960053	
				Applied For Not Applicable	
				5. Certificate of Status Desired  <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THIMAIAH, VENKATARAJU 1285 S.W. BILTMORE STREET SUITE- I PORT ST-LUCIE, FL 34983			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Venuth Resi</i></u> <span style="float: right;">01/09/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution.  <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THIMAIAH, VENKATARAJU		NAME	800066253648	
STREET ADDRESS	P O BOX 8195		STREET ADDRESS	02/21/06--01015--012 **75.00	
CITY-ST-ZIP	PORT ST-LUCIE, FL 34985		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWRENCE, L. LYNN ESQ		NAME		
STREET ADDRESS	12860 55 RD NORTH		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAO, T. RAMA		NAME		
STREET ADDRESS	P O BOX 8195		STREET ADDRESS		
CITY-ST-ZIP	PORT ST-LUCIE, FL 334985		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARMA, PJA DR.		NAME		
STREET ADDRESS	P O BOX 210242		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRASAD, SATYA		NAME		
STREET ADDRESS	P O BOX 210242		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURMAR, SURESH		NAME		
STREET ADDRESS	P O BOX 210242		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Venuth Resi</i></u> <span style="float: right;">01/09/06. 404-966-2845</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01122006 Chg-NP CR2E037 (11/05)