

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000012065 1. Entity Name AUROVEDA FOUNDATION, INC.	
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Principal Place of Business 5350 SPRING HILL DRIVE SPRING HILL, FL 34606	Mailing Address 5350 SPRING HILL DRIVE SPRING HILL, FL 34606
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3180375	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER, FL

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

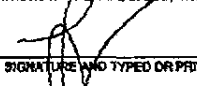
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, PARIKSITH 5350 SPRING HILL DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCUNZIANO-SINGH, MARIA 5350 SPRING HILL DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANYAL, PARTHO 5350 SPRING HILL DRIVE SPRING HILL, FL 34606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/06-80013-019 61.25

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:  **PARIKSITH SINGH** 3-9-2006 352-688-8116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #