

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000204

FILED
Jun 30, 2009
Secretary of State

Entity Name: ASHRAM INC.

Current Principal Place of Business:

4990 DIXIE HWY
MIMS, FL 327544950

New Principal Place of Business:

Current Mailing Address:

4990 DIXIE HWY
MIMS, FL 327544950

New Mailing Address:

FEI Number: 51-0533715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NADGA, DURGA S
4990 DIXIE HWY
MIMS, FL 327544950 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: D () Delete
Name: AGGARWAL, TARSEM L
Address: 9913 SPRING GATE DR.
City-St-Zip: LOUISVILLE, KY 40421

Title: D () Delete
Name: MAVANKAL, GOPI
Address: 8433 FINSBURY DR
City-St-Zip: PLANO, TX 75025

Title: D () Delete
Name: NAGDA, KRISHAN
Address: 3475 ROCK CLIFF PL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: NAGDA, YUGAL K
Address: 474 LAKEPARK TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: PATEL, AJAY S
Address: 8889 PARAGON RD
City-St-Zip: CENTERVILLE, OH 45458

Title: D () Delete
Name: SHAH, GUNVANT C
Address: 2035 HAMPSTEAD LANE
City-St-Zip: FRANKFORT, KY 40601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
Name:
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 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: DURGA S NAGDA

RA

06/30/2009

Electronic Signature of Signing Officer or Director

Date