2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001379

FILED Feb 21, 2007 Secretary of State

Entity Name: MAHARASHTRA MANDAL JACKSONVILLE FLORIDA CORP

Current Principal Place of Business: New Principal Place of Business:

10636 MULRANY GLEN CT 2194 S. CRANBROOK AVENUE JACKSONVILLE, FL 32256 US ST. AUGUSTINE, FL 32092 US

Current Mailing Address: New Mailing Address:

10636 MULRANY GLEN CT 2194 S. CRANBROOK AVENUE JACKSONVILLE, FL 32256 US ST. AUGUSTINE, FL 32092 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAUDHARI, RAJESH P

10636 MULRANY GLEN CT
JACKSONVILLE, FL 32256 US

KULKARNI, SUYOG D
3949 HILLSTEAD LANE
JACKSONVILLE, FL 32216 US

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: SUYOG KULKARNI 02/21/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 CHAUDHARI, RAJESH
 Name:
 PANDHARE, SHEKHAR

 Address:
 10636 MULRANY GLEN CT
 Address:
 2194 S. CRANBROOK AVENUE

 City-St-Zip:
 JACKSONVILLE, FL 32256 US
 City-St-Zip:
 ST. AUGUSTINE, FL 32092 US

Title: SEC () Delete Title: SEC (X) Change () Addition Name: KHANOLKAR, AMIT Name: SOHONI, SHAILESH

Address: 7818 BLACKSTONE RIVER DRIVE Address: 8792 HARPER GLENN COURT City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: TRES () Delete Title: TRES (X) Change () Addition

 Name:
 TAMBE, NIKHIL
 Name:
 KULKARNI, SUYOG

 Address:
 8343 PRINCETON SQ BLVD E, #505
 Address:
 3949 HILLSTEAD LANE

 City-St-Zip:
 JACKSONVILLE, FL 32256 US
 City-St-Zip:
 JACKSONVILLE, FL 32216 US

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: SUYOG KULKARNI TRES 02/21/2007