

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001578

FILED
Apr 26, 2006
Secretary of State

Entity Name: PRANAVINYASA, INC.

Current Principal Place of Business:

1725 E. FOWLER AVENUE
TAMPA, FL 33612

New Principal Place of Business:

15945 N. FLORIDA AVENUE
LUTZ, FL 33549

Current Mailing Address:

1725 E. FOWLER AVENUE
TAMPA, FL 33612

New Mailing Address:

15945 N. FLORIDA AVENUE
LUTZ, FL 33549

FEI Number: 20-3049538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGBECK, VAZ
1725 E. FOWLER AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

ROGBECK, VAZ
15945 N. FLORIDA AVENUE
LUTZ, FL 33549 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: VAZ ROGBECK

04/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROGBECK, VAZ
Address: 1725 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: BOYLEN, DARREN
Address: 1725 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: D (X) Delete
Name: DEVI, SARASVATI
Address: 1725 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROGBECK, VAZ DIR
Address: 15945 N. FLORIDA AVENUE
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change () Addition
Name: BOYLEN, DARREN DIR
Address: 15945 N. FLORIDA AVENUE
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VAZ ROGBECK

DIR

04/26/2006

Electronic Signature of Signing Officer or Director

Date