


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90825 025 ****70.00

DOCUMENT # N05000009383 1. Entity Name GLOBAL FOUNDATION FOR CIVILISATIONAL HARMONY, INC.					
Principal Place of Business 15915 FARRINGHAM DRIVE TAMPA, FL 33647			Mailing Address 15915 FARRINGHAM DRIVE TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box # 113 N. ECONLOCKHATCHEE TR.		3. Mailing Address 113 N. ECONLOCKHATCHEE TRAIL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007 Chg-NP CR2E037 (12/06)	
City & State ORLANDO, FL		City & State ORLANDO, FL.		4. FEI Number 01-0845052	
Zip 32825		Country ORANGE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DWIVEDI, ABHINAV 15915 FARRINGHAM DRIVE TAMPA, FL 33647			7. Name and Address of New Registered Agent Name DWIVEDI, ABHINAV Street Address (P.O. Box Number is Not Acceptable) 113 N. ECONLOCKHATCHEE TRAIL City ORLANDO FL Zip Code 32825		
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>AP. Dwivedi (ABHINAV DWIVEDI), DIRECTOR</u> DATE: <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWIVEDI, ABHINAV 15915 FARRINGHAM DRIVE TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWIVEDI, ABHINAV 113 N. ECONLOCKHATCHEE TRAIL ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, INDRANIL B DR. 35 HARBOR POINT APTMENTS #406 BOSTON, MA 02125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADITYANJEE, A DR. 4921 PINE LANE EAGAN, MI 55123	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALIVE, KESHAVARAJ 305 MARGARET COURT SOUTH PLAINFIELD, NJ 07080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENKATARAMAN, SUDARSHAN 385 PIERSON AVE. EDISON, NJ 08837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>AP. Dwivedi</u> ABHINAV DWIVEDI			Date: <u>4/26/07</u> 813-992-0807		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		