
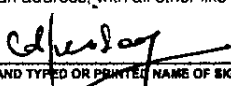


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N05000012718		
1. Entity Name SERVICE, SPIRITUALITY & EDUCATION FOUNDATION, INC.		
Principal Place of Business 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172		Mailing Address 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ABRAMS, PERLA F. ESQ. 9400 S. DADELAND BLVD., PH-3 MIAMI, FL 33156		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AHUJA, CHANDRA 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SABNANI, SURESH 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DASWANI, PRITAM 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAMGOOLAM, USHA 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM SUJAN, TONY 2470 NW 102ND PLACE, UNIT 204 MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		3/17/08 305-802-7314 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 68-0619930	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000867364
04/08/08-80069-001 75.00

**DO NOT WRITE
IN THIS SPACE**