

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009068

FILED
Mar 21, 2007
Secretary of State

Entity Name: JEEVAN PRABHAT USA, INC.

Current Principal Place of Business:

2716 GAMBLE ROAD
LLOYD, FL 32337

New Principal Place of Business:

Current Mailing Address:

PO BOX 147
LLOYD, FL 32337

New Mailing Address:

FEI Number: 20-5440352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNDRA, ARUN K
2716 GAMBLE ROAD
LLOYD, FL 32337 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: P () Delete
Name: KUNDRA, ARUN K
Address: 2716 GAMBLE RD PO BOX 147
City-St-Zip: LLOYD, FL 32337

Title: VP () Delete
Name: MAHAJAN, DAVINDER
Address: 529 TRAILS END
City-St-Zip: HOUSTON, TX 77024

Title: VP () Delete
Name: KHOSLA, GIRISH
Address: 5450 DANIELS DR
City-St-Zip: TROY, MI 48098

Title: VP () Delete
Name: GANDHI, RAJINDER DR.
Address: 7 ALGONQUIN TRAIL
City-St-Zip: SADDLE RIVER, NJ 07458

Title: VP () Delete
Name: AGARWAL, SHEKHAR
Address: 323 W ALKIRE LAKE DR
City-St-Zip: SUGAR LAND, TX 77478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 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: ARUN KUNDRA

P

03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date