2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N07000010202

Entity Name: BHAWANI ASHRAM, INC

Current Principal Place of Business:

680 SW COLLEEN AVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

680 SW COLLEEN AVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 26-1289162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANGHRA, KULESHWARIE
102 NW MADISON CT
PORT ST. LUCIE, FL 34986 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:	C	( ) Delete
Name:	DOOKRAN, DEOCHAN	
Address:	680 SW COLLEEN AVENUE	
City-St-Zip:	PORT ST. LUCIE, FL 34983 US	
Title:	P	( ) Delete
Name:	MANGAL, NALINI	
Address:	672 S.W. KENYOUN STREET	
City-St-Zip:	PORT ST. LUCIE, FL 34953 US	
Title:	VP	( ) Delete
Name:	BISSOON, PUNERDAI	
Address:	501 FREDERICA STREET	
City-St-Zip:	PORT ST. LUCIE, FL 34983 US	
Title:	T	( ) Delete
Name:	THOMAS, DIANNE	
Address:	4837 SE GRAHAM DRIVE	
City-St-Zip:	STUART, FL 34997 US	
Title:	T	( ) Delete
Name:	MANGHRA, KHEMRAJ ASST	
Address:	102 NW MADISON CT	
City-St-Zip:	PORT ST. LUCIE, FL 34986 US	
Title:	TREA	( ) Delete
Name:	DOOKRAN, ANJINEE G ASST	
Address:	680 SW COLLEEN AVENUE	
City-St-Zip:	PORT ST. LUCIE, FL 34983 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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 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: DEOCHAN DOOKRAN C 03/31/2009
Electronic Signature of Signing Officer or Director — Date