2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000055

Entity Name: SHRI GANESH MANDIR, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14212 GOODINGS LANE CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 255 GENTLY BREEZE DRIVE 14212 GOODINGS LANE CLERMONT, FL 34711 MINNEOLA, FL 34715 FEI Number: 26-4755411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LALL, TRIBOWAN 14212 GOODINGS LANE CLERMONT, FL 34711 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition DOOBAY, HARRY C Name: Name: Address: Address: 255 GENTLE BREEZE DRIVE City-St-Zip: City-St-Zip: MINNEOLA, FL 34715 US Title: Title: () Change (X) Addition () Delete Name: Name: RAMPERSAD, BOBBY Address: Address: 3166 RIOCHULO LANE City-St-Zip: City-St-Zip: KISSIMMEE, FL 34767 US Title: () Delete Title: SD () Change (X) Addition MARAJ, PREMRAJ Name: Name: 1315 OLYMPIA PARK CIRCLE Address: Address: City-St-Zip: City-St-Zip: OCOEE, FL 34761 US Title: () Delete Title: ASD () Change (X) Addition Name: Name: PRASHAD, BONNIE Address: Address: 8220 LEXINGTON VIEW LANE City-St-Zip: City-St-Zip: ORLANDO, FL 32835 US Title: () Delete Title: () Change (X) Addition JAGDEO, OMAWATIE Name: Name: 1846 VALE DRIVE Address: Address: CLERMONT, FL 34711 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition PRITIPAUL. ROOPNARINE Name: Name: Address: Address: 14217 SOUTH GREATER HILLS BLVD CLERMONT, FL 34711 US City-St-Zip: 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: HARRY C DOOBAY PD 04/28/2009