

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009632

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** SHIV SHAKTI MANDIR, INC.

**Current Principal Place of Business:**

551 SHADOW LANE  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

640 GRANDVIEW DRIVE  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 27-1127806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALLIBURTON, PARAWIDI  
640 GRANDVIEW DRIVE  
LEHIGH ACRES, FL 33936 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:** D  
**Name:** SALMON, RUPERT  
**Address:** 551 SHADOW LANE  
**City-St-Zip:** LABELLE, FL 33935

**Title:** D  
**Name:** VISHUDANAND, CHET  
**Address:** 551 SHADOW LANE  
**City-St-Zip:** LABELLE, FL 33935

**Title:** D  
**Name:** HALLIBURTON, PARAWIDI  
**Address:** 551 SHADOW LANE  
**City-St-Zip:** LABELLE, FL 33935

**Title:** P  
**Name:** VISHUDANAND, CHET  
**Address:** 551 SHADOW LANE  
**City-St-Zip:** LABELLE, FL 33935

**Title:** S/T  
**Name:** HALLIBURTON, PARAWIDI  
**Address:** 551 SHADOW LANE  
**City-St-Zip:** LABELLE, FL 33935

I hereby 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 all other like empowered.

**SIGNATURE:** PARAWIDI HALLIBURTON

S/T

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date