2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2012
Secretary of State

DOCUMENT# N09000009632

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: S/T
Name: VISHUDANAND, CHET
Address: 551 SHADOW LANE
City-St-Zip: LABELLE, FL 33935

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

Title: VP
Name: BOODHAI, CARL
Address: 551 SHADOW LANE
City-St-Zip: LABELLE, FL 33975

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 P 04/21/2012

Electronic Signature of Signing Officer or Director Date