2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25496

FILED May 01, 2006 Secretary of State

Entity Name: ISKCON OF TAMPA BAY, INC.

Current Principal Place of Business: New Principal Place of Business:

14610 N 17 ST LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

14610 N 17 ST LUTZ, FL 33549

FEI Number: 59-2887763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BERND, HOWARD BECKER, WILLIAM 218 EAST BEARSS AVE 4930 PÄRK BLVD SUITE 5 SUITE 401 PINELLAS PARK, FL 33781 US TAMPA, FL 33613 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: WILLIAM BECKER 05/01/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

SYMES, FREDERICK D Name: Name: 14610 N 17 ST Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip:

Title: SD Title: DV (X) Change () Addition () Delete

Name: BERND, HOWARD Name: BERND, HOWARD Address: 4930 PARK BLVD SUITE 5 Address: 4930 PARK BLVD SUITE 5 City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: PINELLAS PARK, FL 33781

Title: () Delete Title: (X) Change () Addition

DASS, RONALD MICHAEL BECKER, WILLIAM Name: Name:

218 EAST BEARSS AVE SUITE 401 Address: 14610 N 17 ST Address:

City-St-Zip: LUTZ. FL 33549 City-St-Zip: TAMPA, FL 33613

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: WILLIAM BECKER SV 05/01/2006