

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34702

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: HINDU UNIVERSITY OF AMERICA, INC.

**Current Principal Place of Business:**

113 ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32825 US

**New Principal Place of Business:**

**Current Mailing Address:**

113 ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32825 US

**New Mailing Address:**

FEI Number: 59-2977691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHALLA, SRIKRISHNA  
113 N ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32825 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 ( ) Delete  
Name: SWAMI, SRINITHYANANDA  
Address: 928 HUNTINGTON DRIVE APT#5  
City-St-Zip: DUARTE, CA 91010 US

Title: D ( ) Delete  
Name: DORAIRAJ, RAMPRASHANTH  
Address: 7699 PALMILLA DR. APT#3218  
City-St-Zip: SAN DIEGO, CA 92122 US

Title: D ( ) Delete  
Name: ADVAITANANDA, NITHYA  
Address: 928 HUNTINGTON DRIVE APT#4  
City-St-Zip: DUARTE, CA 91010 US

Title: D ( ) Delete  
Name: NAMJOSHI, ADITYA  
Address: 8550 COSTA VERDE BLVD  
City-St-Zip: SAN DIEGO, CA 92122 US

Title: D ( ) Delete  
Name: SHEELAM, GOPAL R  
Address: 928 HUNTINGTON DRIVE APT#6  
City-St-Zip: DUARTE, CA 91010 US

Title: D ( ) Delete  
Name: GUNTUPALLI, KALPALATHA K  
Address: 4140 OBERLIN  
City-St-Zip: HOUSTON, TX 77005 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: D (X) Change ( ) Addition  
Name: BALARAM, AKHILA  
Address: 12555 SUNSET DR  
City-St-Zip: ST. LOUIS, MO 63128 US

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: SRIKRISHNA CHALLA

MR.

01/15/2008

Electronic Signature of Signing Officer or Director

Date