


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36077</b> 1. Entity Name SHRI LAKSHMI NARAYAN MANDIR, INC.	
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Principal Place of Business 251 KLONDIKE AVE. ORLANDO, FL 32811 US	Mailing Address 1557 EAST SPRINGRIDGE CR WINTER GARDEN, FL 34787 US
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**DO NOT WRITE IN THIS SPACE**



04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 11-2709079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PANDIT JADONATH 1657 EAST SPRINGRIDGE CR WINTER GARDEN, FL 34787	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U00000122791 04/21/04-80042-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERTAB, RAMPERSAUD 5206 SHAKAR CR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VEDICA, RAMKARRAN 5206 SHAKAR CIRCLE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JADONATH, CHURAMAN 5334 AVENEDO DEL SOL ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JADONATH, YADO 1557 E. SPRINGRIDGE CIR WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, CHARAN 6323 FORTUNE LN APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANDIT, JADONATH 191 BEACH 101 ST FAR ROCKAWAY, NY 11694

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Jado Jdonath</i></u>	Date: <u>4/1/04</u>	Daytime Phone #: <u>407 654-0826</u>
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