

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36077

FILED
Apr 12, 2007
Secretary of State

Entity Name: SHRI LAKSHMI NARAYAN MANDIR, INC.

Current Principal Place of Business:

251 KLONDIKE AVE.
ORLANDO, FL 32811 US

New Principal Place of Business:

269 KLONDIKE AVE.
ORLANDO, FL 32811 US

Current Mailing Address:

1557 EAST SPRINGRIDGE CR
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 11-2709079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANDIT JADONATH
1557 EAST SPRINGRIDGE CR
WINTER GARDEN, FL 34787 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: P () Delete
Name: PERTAB, RAMPERSAUD
Address: 5206 SHAKAR CR
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: VEDICA, RAMKARRAN
Address: 5206 SHAKAR CIRCLE
City-St-Zip: ORLANDO, FL

Title: S () Delete
Name: JADONATH, CHURAMAN,
Address: 5334 AVENEDO DEL SOL
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: JADONATH, YADO
Address: 1557 E. SPRINGRIDGE CIR
City-St-Zip: WINTER GARDEN, FL

Title: D () Delete
Name: SINGH, CHARAN
Address: 6323 FORTUNE LN
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: PANDIT, JADONATH
Address: 191 BEACH 101 ST
City-St-Zip: FAR ROCKAWAY, NY 11694

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: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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 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: YADO JADONATH

D

04/12/2007

Electronic Signature of Signing Officer or Director

_____ Date