2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N93000001380

Entity Name: UNIVERSAL TEMPLE OF MYSTIC INITIATED YOGANANDA, INC.

Current Principal Place of Business:

4315 N.W. 7TH ST.
SUITE 34
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

4315 N.W. 7TH ST.
SUITE 34
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0398363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YONG, JUAN
4315 NW 7TH ST
STE 34
MIAMI, FL 33126 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: PD ( ) Delete
Name: YONG, JUAN
Address: 4315 NW 7 STREET STE 34
City-St-Zip: MIAMI, FL 33126

Title: SBD ( ) Delete
Name: MARTIN, IVONNE M
Address: 601 SW 37 AVE #501
City-St-Zip: MIAMI, FL 33135

Title: TBD ( ) Delete
Name: HOLZ, ELIZABETH
Address: 17000 N BAY DR APTE 1201
City-St-Zip: MIAMI, FL 33160

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VBD ( ) Change (X) Addition
Name: HESSMANN, RAFAEL
Address: 17000 N BAY DR APTE 1201
City-St-Zip: MIAMI, FL 33160

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: DR. JUAN YONG PD 01/04/2007

Electronic Signature of Signing Officer or Director — Date