

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001607

FILED
Apr 10, 2009
Secretary of State

Entity Name: OM SHRI ASHRAM, INC.

Current Principal Place of Business:

103 MCDONALD RD.
PLANT CITY, FL 33567 US

New Principal Place of Business:

Current Mailing Address:

103 MCDONALD ROAD
PLANT CITY, FL 33567 US

New Mailing Address:

FEI Number: 59-3188173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVPRASAD, DEVSWARUPDAS
103 MCDONALD ROAD
PLANT CITY, FL 33567 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: PATEL, DIPA
Address: 103 MCDONALD RD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: BAKARANIA, KANTI
Address: 1209 BELLDONNA DRIVE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: PATEL, GHANSHYAM M
Address: 13924 SHADY SHORES DRIVE
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: DEVSWARUP, DAS
Address: 103 MCDONALD RD
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: PATEL, PETER
Address: 3212 LITHIA PINECREST
City-St-Zip: VALRICO, FL 33544

Title: D () Delete
Name: BARAD, KUSAM R
Address: 1040 BS WESTGATE
City-St-Zip: ADDISON, IL 60101

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:

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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: DEVSWARUP DAS

D

04/10/2009

Electronic Signature of Signing Officer or Director

Date