


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90414 047 ****70.00

DOCUMENT # N96000003909	
1. Entity Name CHILDREN OF KRISHNA, INC.	

Principal Place of Business 15914 NW 120TH PL ALACHUA, FL 32615	Mailing Address P.O. BOX 2458 ALACHUA, FL 32616
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2. Principal Place of Business 9121 NW 219th PLACE		3. Mailing Address Suite, Apt. #, etc. 9121 NW 219th PLACE	
City & State Alachua, FL		City & State Alachua, FL	
Zip 32615	Country USA	Zip 32615	Country USA

04222004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3401602	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**HAGGARD, JENNIFER
13018 NW 148TH TERRACE
ALACHUA, FL 32615**

7. Name and Address of New Registered Agent
Name **PALIKA FRANKLIN**
Street Address (P.O. Box Number is Not Acceptable)
9121 NW 219th PLACE
City **ALACHUA** FL Zip Code **32615**

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 *Palika Franklin* **PALIKA FRANKLIN - Executive Managing Director** 4/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, GEOFFREY 1206 TREASURE OAK CT ROCKVILLE, MD 20852 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMT HAGGARD, JENNIFER 15914 NW 120TH PL ALACHUA, FL 32615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASER, JAYA R 17818 NW 112TH BLVD. ALACHUA, FL 32615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITCH, RADHIKA P O BOX 1483 ALACHUA, FL 32616 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTILLAN, GIRI P.O. BOX 54 CULVER CITY, CA 90232 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WAHLSTROM, TODD 8070 S. NEWCASTLE CT AURORA, CO 80016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGGARD, JENNIFER 15914 NW 120th PLACE ALACHUA, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POURCHOT, MIREYA 632 GLIDDEN AVE DEKALB, IL 60115 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITCH, RADHIKA 4800 LAGUNA ST COLLEGE PARK, MD 20740 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATTAR, TOM P.O. BOX 33636 WASHINGTON D.C. 20033-0636 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Palika Franklin* **PALIKA FRANKLIN** 4/22/04 386-462-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #