2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005178

Entity Name: ISKCON WORLD NEWS, INC

1666 NEW HALL AVE.

CAMBRIA, CA 93428

Address:

City-St-Zip:

FILED Jan 25, 2006 Secretary of State

Entity Na	me: ISKCON	WORLD NEWS, INC.				
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
21419 NW LA CROS	/ CR 1493 SE, FL 32658					
Current N	lailing Addre	ss:	New Maili	New Mailing Address:		
P O BOX 2 ALACHUA	238 A, FL 3261602	38				
FEI Number	: 59-3409638	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
757 NW 2 THIRD FL		A				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (MCCLELLAN, P O BOX 238 I ALACHUA, FL	√A	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (NISENSOHN, A RR2 BOX 454: PAHOA, HI 96	2	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MCKENZIE, BA RR2 BOX 454: PAHOA, HI 96	2	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ALEKSIEWEC 8808 NW 2197 ALACHUA, FL	H PLACE	Title: Name: Address: City-St-Zip:	D RICCIARDI, 1112 CARL TARPON SE		
Title: Name:	D (NEWMAN, KAI) Delete RLA	Title: Name:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DEBRA A RICCIARDI D 01/25/2006