

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003684

FILED
Apr 29, 2006
Secretary of State

Entity Name: SHIRDI SAI FLORIDA CENTER INC.

Current Principal Place of Business:

4707 S PLEASANT GROVE ROAD
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

4707 S PLEASANT GROVE ROAD
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 59-3458071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMIN, KAMALESH A
515 W. BRITAIN STREET
HERNANDO, FL 34442 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: DS () Delete
Name: PATEL, ILA
Address: 1675 N. CROOKED BRANCH DR.
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: BEGUR, NAGABHUSHAN
Address: 817 SPEND A BUCK DR.
City-St-Zip: INVERNESS, FL 34453

Title: DVP () Delete
Name: GURNANI, PARMANAND
Address: 2186 W. BEGONIA DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: DP () Delete
Name: AMIN, KAMALESH A
Address: 515 W. BRITAIN ST.
City-St-Zip: HERNANDO, FL 34442

Title: DT () Delete
Name: POTU, RANGANATHA P
Address: 1540 N. BOWMAN TERRACE
City-St-Zip: HERNANDO, FL 34442

Title: D () Delete
Name: MANNEI, MARUTHI S
Address: 3 SAWGRASS CT.
City-St-Zip: GAITHERSBURG, MD 21043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PATEL, ILA
Address: POB 229
City-St-Zip: CRYSTAL RIVER, FL 34423

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
Name:
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: G MAX BARNES

CPA

04/29/2006

Electronic Signature of Signing Officer or Director

Date