

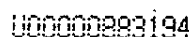
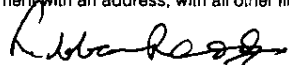


FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N98000003658 1. Entity Name GOVINDA MISSION, INC.			
Principal Place of Business 4080 EXPORT, PA 15632 US		Mailing Address 4080 EXPORT, PA 15632 US	
DO NOT WRITE IN THIS SPACE			
		03302008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-3524193 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, WADE F JR 118 E JEFFERSON ST ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 04/16/08-80071-004 61.25 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D REDDY, SUBBA K 4080 MANOR OAKS CT EXPORT, PA 15632			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D REDDY, LAKSHMI K 4080 MANOR OAKS CT EXPORT, PA 15632			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D REDDY, RANGA N 4080 MANOR OAKS CT EXPORT, PA 15632			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SUBBA K. REDDY		6-2-08 724-723-8702	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	