


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P05110		
1. Entity Name BRAHMA KUMARIS WORLD SPIRITUAL ORGANIZATION (COMPANY)		
Principal Place of Business 4160 SW 4TH ST MIAMI, FL 33134	Mailing Address 46 S MIDDLE NECK ROAD GREAT NECK, NY 11021	



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-1946190	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 MCHUGH, VERONICA 4160 SW 4TH ST. MIAMI, FL 33134	DO NOT WRITE IN THIS SPACE
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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 reconstituting) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11000000181933
01/19/05-80009-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANJABI, MOHINI 46 S MIDDLE NECK RD GREAT NECK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESAI, CHANDRIKA 401 BAKER ST. SAN FRANCISCO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINFELD, DOROTHY P O BOX 99 HAINE FALL, NY 12436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, RAMESH N. 121 MAHATMA GANDI RD. BOMBAY, INDIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IYENGAR, KALA 46 S MIDDLE NECK ROAD GREAT NECK, NY 11021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kalarani Lynean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/05