
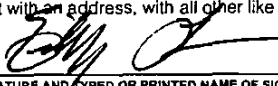


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90036 006 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCHUGH, VERONICA 4160 SW 4TH ST. MIAMI, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANJABI, MOHINI		NAME		
STREET ADDRESS	46 S MIDDLE NECK RD		STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK, NY		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESAI, CHANDRIKA		NAME		
STREET ADDRESS	401 BAKER ST.		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINFELD, DOROTHY		NAME		
STREET ADDRESS	P O BOX 99		STREET ADDRESS		
CITY-ST-ZIP	HAINES FALL, NY 12436		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAH, RAMESH N.		NAME		
STREET ADDRESS	121 MAHATMA GANDI RD.		STREET ADDRESS		
CITY-ST-ZIP	BOMBAY, INDIA,		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IYENGAR, KALA		NAME		
STREET ADDRESS	46 S MIDDLE NECK ROAD		STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK, NY 11021		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Erik Larson		NAME		
STREET ADDRESS	46 S. Middle Neck Road		STREET ADDRESS		
CITY-ST-ZIP	Great Neck, NY 11021		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: 			ERIK LARSON January 13, 2006 516.773-0971		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		