


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05110</b> 1. Entity Name <b>BRAHMA KUMARIS WORLD SPIRITUAL ORGANIZATION (COMPANY)</b>	
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Principal Place of Business <b>4160 SW 4TH ST MIAMI, FL 33134</b>	Mailing Address <b>46 S MIDDLE NECK ROAD GREAT NECK, NY 11021</b>
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**DO NOT WRITE IN THIS SPACE**



07232007 No Chg-NP CR2E0, (4/06)

4. FEI Number <b>74-1946190</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MCHUGH, VERONICA 4160 SW 4TH ST. MIAMI, FL 33134</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Veronica McHugh (NOTE: Registered Agent signature required when reinstating)  
DATE July 25, 2007

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 HAINES 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	D LARSON, ERIK 46 S MIDDLE NECK RD GREAT NECK, NY 11021

U00000771513  
08/07/07-80005-013 61.25

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] July 25, 2007 516.773-0974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #