

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N94000001649

Entity Name: DORJE YING - TIBETAN BUDDHIST NYINGMAPA MEDITATION CENTER CORP.

Current Principal Place of Business:

1839 LINDSAY ST
LEHIGH ACRES, FL 33972 US

New Principal Place of Business:

Current Mailing Address:

1865 LOCKHAVEN CT
LEHIGH ACRES, FL 33972 US

New Mailing Address:

FEI Number: 65-0481675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIANE GRGACH
1547 CANAL STREET
LEHIGH ACRES, FL 339725966 US

Name and Address of New Registered Agent:

ILSE HENNINGER
1865 LOCKHAVEN CT
LEHIGH ACRES, FL 33972 US

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: ILSE HENNINGER

04/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GRGACH, DIANE
Address: 1547 CANAL STREET
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: FAHRNGRUBER HANS, JOACHIM
Address: 1841 LOCKHAVEN CT.
City-St-Zip: LEHIGH ACR., FL 33972

Title: DS () Delete
Name: HENNINGER, ILSE
Address: 1865 LOCKHAVEN CT
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DP () Delete
Name: BERNARD-HENNINGER, MANFRED DE
Address: 1865 LOCKHAVEN CT
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D (X) Delete
Name: SATTER, WILFRIED
Address: 1841 LOCKHAVEN CT
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SATTER, WILFRIED
Address: 1841 LOCKHAVEN CT.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D (X) Change () Addition
Name: FAHRNGRUBER HANS, JOACHIM
Address: 1841 LOCKHAVEN CT.
City-St-Zip: LEHIGH ACRES, FL 33972

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: ILSE HENNINGER

DS

04/17/2006

Electronic Signature of Signing Officer or Director

Date