FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90405 006 ***150.00

3/28/06 (5.5)758-5.95
Date Daytime Phone *

ANNUAL REPORT									
DOCUMENT # P02000018662									
DHARMA RESORTS, INC.									
DITAMIN									
			90 M	TES.					
Principal Place of Business 255 NE 6TH AVE		Mailing Address 255 NE 6TH AVE		ļ			50008321		
DELRAY BEACH, FL 33483		DELRAY BEACH, FL 33483							
2. Principal Place of Business		3. Mailing Address							
1105 N. PRORRAL HWY Suite, Apt. #, etc.		Suite, Apt. #, etc.		ω 7		OL- D	0000004/14/05		
		0:			02132006	Chg-P	CR2E034 (11/05)		
City & State BOYNTON BEACH, FL Zip Country		City & State BUYNTON BEACH, FL		د ا	4. FEI Number 02-058			plied For t Applicable	
		Zip	Country			of Status Desired	☐ \$8.75 Add	litional	
3 3 5	6. Name and Address of Current	33435 Registered Agent	US				Fee Require	d	
o. Name and Address of Confest Hogisteled Agent				7. Name and Address of New Registered Agent Name					
WINTZER, WILLIAM 255 NE 6TH AVE			Street A	WINTZER, WILLIAM R. Street Address (P.O. Box Number is Not Acceptable)					
DELRAY BEACH, FL 33483				//05	Ν, /	ERDRRA	L HWY		
	.•								
·				City BOYNTON BEACH FL Zip Code 33435					
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.									
Pull PRIX WILLIAM RWINTERR 3/10/01									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTORS	3 IN 11	
NAME	D WORRELL, TOM	☐ Delete	TITLE NAME	0	و روموورو	-43046 B	™ Change	Addition	
STREET ADDRESS	255 NE 6TH AVE		STREET ADDRESS	1/45	- 11,	THOMAS R FRARAL	76 1467		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	Bo	ソルナッン	BRACH,	FL 33435		
TITLE NAME	D WORRELL, ODETTE	☐ Delete	TITLE NAME	D 141 13 4		ane te	⊠ Change	☐ Addition	
STREET ADDRESS	255 NE 6TH AVE		STREET ADDRESS	1165	- N.	ODKTTR FRAKNA	L HWY		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	Bo	Y~ 7-321	BRACH	, FL 33435		
TITLE NAME	GOODYEAR, KIMBERLY	Delete	TITLE NAME	<u> </u>			📇 Change	Addition	
STREET ADDRESS	125 LAPOSTA RD.		STREET ADDRESS						
CITY-ST-ZiP	TAOS, NM 87571	—	CITY-ST-ZIP	.,,			⊠ Change	T Addition	
TITLE NAME	WORRELL, ZACK	☐ Delete	TITLE NAME	W OP	RKU, 2	AC4		☐ Addition	
STREET ADDRESS CITY-ST-ZIP	255 NE 6TH AVE		STREET ADORESS CITY-ST-ZIP	//0:	5 10.	FRAKRI	16 HWY		
TITLE	DELRAY BEACH, FL 33483	☐ Delete	TITLE	AV	YNTON	BRACH	FL 33435 (2) Change	Addition	
NAME	WORRELL, CARRIE	☐ Delete	NAME					_	
STREET ADDRESS	255 NE 6TH AVE		STREET ADDRESS	1105	٠,٧٨	FROKK	AL HUY		
TITLE	DELRAY BEACH, FL 33483	Delete	CITY-ST-ZIP	60	YNTIN	BRACH	AC AU7 FC 33435 □ Change L AU7 FC 33435	☐ Addition	
NAME	ROMANO, JOHN	C Delete	NAME	Ro	ره ندهه	TOHN	EZI OUNTING		
STREET ADDRESS	255 NE 6TH AVE	j	STREET ADDRESS	//03	5 N.	FRARAA	L HWY		
CITY-ST-ZIP	DELRAY BEACH, FL 33482	CITY-ST-ZIP	ontained i	io Chapter 110	BEACH Florida Statutes	further certify that the	formation		
12. Thereby 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 of trustee empowered to execute this effort as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if									

GOODYKAR

2006 FOR PROFIT CORPORATION

SIGNATURE