

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000062100

**Entity Name:** DHARMA PLANNING INC

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

614 E. HIGHWAY 50  
SUITE 116  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

614 E. HIGHWAY 50  
SUITE 116  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 45-2696629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARBONARO, CARY  
614 E. HIGHWAY 50  
SUITE 116  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARBONARO, CARY  
Address: 614 E. HIGHWAY 50, SUITE 116  
City-St-Zip: CLERMONT, FL 34711 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARY CARBONARO

PRES

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date