

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 14, 2009
Secretary of State**

DOCUMENT# N02000000649

Entity Name: BODHIMANDAING DHAMMA CENTER, INC.

Current Principal Place of Business:3107 OHIO AVE
SANFORD, FL 32773**New Principal Place of Business:****Current Mailing Address:**3107 OHIO AVE
SANFORD, FL 32773**New Mailing Address:**14276 LORD BARCLAY DR.
ORLANDO, FL 32837

FEI Number: 75-2984329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:SHIN, MYINT
14276 LORD BARCLAY DR.
ORLANDO, FL 32837 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 () Delete
Name: TAYZAWBATHA, U
Address: 3107 OHIO AVE
City-St-Zip: SANFORD, FL 32773Title: VP () Delete
Name: TUN, AUNG
Address: 18142 LONGWATER RUN DR.
City-St-Zip: TAMPA, FL 33647Title: VP () Delete
Name: THONDARA, THOMAS
Address: 710 GRANDVIEW LANE.
City-St-Zip: LA PUENTE, CA 91744Title: T () Delete
Name: HLAING, DANIEL N
Address: 11633 HAMPTON PARK BLVD.
City-St-Zip: JACKSONVILLE, FL 32256Title: S () Delete
Name: HAN, JOHN K
Address: 14724 HERONGLLEN DR.
City-St-Zip: LITHIA, FL 33547Title: S (X) Delete
Name: POWER, KELVIN
Address: 1075 W. SEAGATE DR.
City-St-Zip: DELTONA, FL 32725**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: TUN, AUNG
Address: 18142 LONGWATER RUN DR.
City-St-Zip: TAMPA, FL 33647Title: S (X) Change () Addition
Name: HAN, JOHN K
Address: 14724 HERONGLLEN DR.
City-St-Zip: LITHIA, FL 33547Title: S (X) Change () Addition
Name: MYINT, HLA H
Address: 8359 LAKE CROWELL CIRCLE
City-St-Zip: ORLANDO, FL 32836Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: T (X) Change () Addition
Name: SHIN, MYINT
Address: 14276 LORD BARCLAY DR.
City-St-Zip: ORLANDO, FL 32837Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MYINT SHIN

T

09/14/2009

Electronic Signature of Signing Officer or Director

Date