

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90083 002 \*\*\*\*61.25

**DOCUMENT # N03000007889**

1. Entity Name

**PHAP DANG MEDITATION CORPORATION**



Principal Place of Business

**16805 JETSON DRIVE  
SPRING HILL FL 34610  
US**

Mailing Address

**16805 JETSON DRIVE  
SPRING HILL FL 34610  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0227002**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NGUYEN, NINH T  
4331 COLLINGTREE DR.  
ROCKLEDGE FL 32955**

Name

**NGUYEN, THUY T**

Street Address (P.O. Box Number is Not Acceptable)

**16805 Jetson Drive**

City

**Spring Hill**

**FL**

Zip Code

**34610**

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

*Nguyen, Thuy T*

**NGUYEN, THUY T PRESIDENT**

**JANUARY 26, 2006**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **NGUYEN, THUY T VEN**  
STREET ADDRESS **16805 JETSON DRIVE**  
CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **SEC** ☐ Delete  
NAME **DOAN, TRI V**  
STREET ADDRESS **3000 GEIGER DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **TREA** ☒ Delete  
NAME **NGUYEN, NINH T**  
STREET ADDRESS **4331 COLLINGTREE DR.**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREA** ☐ Change ☒ Addition  
NAME **HARRIBEY, LAN H**  
STREET ADDRESS **7647 Abenado Road**  
CITY-ST-ZIP **Tampa FL 33615** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**