## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # N03000007889

1. Entity Name

PHAP DANG MEDITATION CORPORATION



Principal Place of Business

Mailing Address

16805 JETSON DRIVE SPRING HILL, FL 34610

US

16805 JETSON DRIVE SPRING HILL, FL 34610

US

## FILED Jan 17, 2008 8:00 am Secretary of State

01-17-2008 90030 028 \*\*\*\*61.25

400000



01102008 No Chg-NP

CR2E037 (4/06)

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

NGUYEN, NINH T 16805 JETSON DRIVE SPRING HILL, FL 34610

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE						
DATE TO SENSE OF THE CONTROL OF THE						
	Filing Fee is \$61.25 Due by May 1, 2008	<ol> <li>Election Campaign Financin Trust Fund Contribution.</li> </ol>	ng 🗆	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NGUYEN, VENERABLE THUY 16805 JETSON DRIVE SPRING HILL, FL 34610		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOAN, TRI V 3000 GEIGER DRIVE CLEARWATER, FL 33761					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIBEY, LAN H 7647 ABONADO RD DE JAMPA, FL 33615	CLETED				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NGUYEN,NINH T 16805 Jetson Drive			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spring Hill,Fl 3461	0				
NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling 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 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 affactment with an address, with all other like empowered.						