

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001828**

1. Entity Name  
**ORLANDO INSIGHT MEDITATION GROUP, INC.**



Principal Place of Business  
**1936 HOWELL BRANCH ROAD, STE. B  
WINTER PARK, FL 32792 US**

Mailing Address  
**1936 HOWELL BRANCH ROAD, STE. B  
WINTER PARK, FL 32792 US**



01092008 No Chg-NP CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3450469**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARLSON, PETER  
1936 HOWELL BRANCH ROAD, STE. B  
WINTER PARK, FL 32792**

**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

*Peter Carlson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/27/06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CARLSON, PETER  
1818 CARRIGAN AVE  
WINTER PARK, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
LORE, AL  
127 W FAIRBANKS AVE  
WINTER PARK, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
JOHNSON, CYNTHIA  
1648 CASSINGHAM CIRCLE  
OCFEE, FL 34785**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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03/10/06-80042-014 70.00

12. I hereby 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 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:

*Peter Carlson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/06**

Date

**407 339 5444**

Daytime Phone #