


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90021 035 ****61.25

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| DOCUMENT # N97000001828 | |  |
| 1. Entity Name ORLANDO INSIGHT MEDITATION GROUP, INC. | | |

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| 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 |
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40062490



04052008 Chg-NP CR2E037 (12/06)

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| 2. Principal Place of Business - No P.O. Box # 1818 Carrigan Ave. Suite, Apt. #, etc. | 3. Mailing Address 1818 Carrigan Ave. Suite, Apt. #, etc. |
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| City & State Winter Park, FL. | City & State Winter Park, FL. |
| Zip 32789 | Country USA |
| Zip 32789 | Country USA |

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| 4. FEI Number 59-3450469 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CARLSON, PETER 1936 HOWELL BRANCH ROAD, STE. B WINTER PARK, FL 32792 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 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 <i>Peter Carlson</i> | DATE 4/6/08 |

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CARLSON, PETER 1818 CARRIGAN AVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LORE, AL 127 W FAIRBANKS AVE WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Dillon, Doug 681 Little Wekiva Rd. Altamonte Springs, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JOHNSON, CYNTHIA 1648 CASSINGHAM CIRCLE OCOE, FL 34765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Peter Carlson</i> | DATE 4/6/08 407 339 5444 |