2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001828

FILED May 03, 2009 Secretary of State

Entity Name: ORI ANDO INSIGHT MEDITATION GROUP INC

| Littly Nai | IIIe. ORLANDO IN | NOIGHT MEDITATION GRO | OF, INC. | | |
|---|--|--|--|---|--|
| Current Principal Place of Business: | | | New Principal P | New Principal Place of Business: | |
| | RIGAN AVE PARK, FL 32789 | US | | | |
| Current Mailing Address: | | | New Mailing Ad | New Mailing Address: | |
| | RIGAN AVE PARK, FL 32789 | US | | | |
| | | El Number Applied For() b), F.S., the corporation did not | FEI Number Not Applicable (receive the prior notice. |) Certificate of Status Desired () | |
| Name and | Address of Curre | ent Registered Agent: | Name and Addre | ess of New Registered Agent: | |
| WINTER F | ÝELL BRANCH RC PARK, FL 32792 | UŠ | | | |
| | named entity subr e of Florida. | mits this statement for the pu | rpose of changing its regi | stered office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electronic S | Signature of Registered Ager | nt | Date | |
| OFFICERS | S AND DIRECTOR | RS: | ADDITIONS/CH | ANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () Dele CARLSON, PETER 1818 CARRIGAN AV WINTER PARK, FL | /E | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S () Dele DILLON, DOUG 681 LITTLE WEKIVA ALTAMONTE SPRIN | 4 RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | T () Dele JOHNSON, CYNTHIA 1648 CASSINGHAM | A | Title: Name: Address: | () Change () Addition | |

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: PETER CARLSON PRES 05/03/2009