

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018662

Entity Name: DHARMA RESORTS, INC.

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

1105 N FED HWY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

205 RANCHITOS RD
TAOS, NM 87571

New Mailing Address:

1180 SEMINOLE TRAIL
SUITE 155
CHARLOTTESVILLE, VA 22901

FEI Number: 02-0585695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORICK, SANDI
1105 N FED HWY
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WORRELL, THOMAS E JR
Address: 1105 N FED HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: WORRELL, ODETTE
Address: 1105 N FED HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: P () Delete
Name: GOODYEAR, KIMBERLY
Address: 125 LAPOSTA RD.
City-St-Zip: TAOS, NM 87571

Title: V () Delete
Name: WORRELL, ZACK
Address: 1105 N FED HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: AV () Delete
Name: WORRELL, CARRIE
Address: 1105 N FED HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S () Delete
Name: ROMANO, JOHN
Address: 1105 N FED HWY
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GOODYEAR, KIMBERLY
Address: 1180 SEMINOLE TR, STE 155
City-St-Zip: CHARLOTTESVILLE, VA 22901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY GOODYEAR

P

03/19/2008

Electronic Signature of Signing Officer or Director

Date