

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083121

Entity Name: BUDDHAS GARDEN, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

510 BANYAN WAY
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

4565 FIRST STREET
GRANT, FL 32949 US

Current Mailing Address:

510 BANYAN WAY
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

4565 FIRST STREET
GRANT, FL 32949 US

FEI Number: 14-1847929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

APOTHEKER, LAWRENCE J DR
510 BANYAN WAY
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

APOTHEKER, LAWRENCE J DR
4565 FRIST STREET
GRANT, FL 32949 US

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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: APOTHEKER, LAWRENCE J DR
Address: 510 BANYAN WAY
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VP () Delete
Name: APOTHEKER, SHAWN M MRS
Address: 510 BANYAN WAY
City-St-Zip: MELBOURNE BEACH, FL 32951 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: APOTHEKER, LAWRENCE J DR
Address: 4565 FIRST STREET
City-St-Zip: GRANT, FL 32949 US

Title: VP (X) Change () Addition
Name: APOTHEKER, SHAWN M MRS
Address: 4565 FIRST STREET
City-St-Zip: GRANT, FL 32949 US

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: LAWRENCE APOTHEKER

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date