


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90362 002 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # P97000035975 1. Entry Name DHARMA PROPERTIES, INC. | | | |  | |
| Principal Place of Business 255 NE 6TH AVE DELRAY BEACH, FL 33483 US | | | Mailing Address 255 NE 6TH AVE DELRAY BEACH, FL 33483 US | | |
| 2. Principal Place of Business 1105 N. FEDERAL HWY Suite, Apt. #, etc. | | 3. Mailing Address 1105 N. FEDERAL HWY Suite, Apt. #, etc. | | | |
| City & State BOYNTON BEACH, FL | | City & State BOYNTON BEACH, FL | | | |
| Zip 33435 | Country US | Zip 33435 | Country US | 4. FEI Number 65-0744744 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WINTZER, WILLIAM 255 NE 6TH AVE DELRAY BEACH, FL 33483 | | | 7. Name and Address of New Registered Agent Name WINTZER, WILLIAM R. Street Address (P.O. Box Number is Not Acceptable) 1105 N. FEDERAL HWY City BOYNTON BEACH FL Zip Code 33435 | | |
| 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 <u><i>William R. Wintzer</i></u> WILLIAM R. WINTZER 3/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOODYEAR, KIMBERLY A 125 LA POSTA RD TAOS, NM 87571 <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 | CD WORRELL, THOMAS E JR. 255 NE 6TH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD WORRELL, THOMAS E JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 N. FEDERAL HWY BOYNTON BEACH, FL 33435 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT WINTZER, WILLIAM R 255 NE 6TH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT WINTZER, WILLIAM R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1105 N. FEDERAL HWY BOYNTON BEACH, FL 33435 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BECKER, LAURA 125 LA POSTA RD. TAOS, NM 87571 <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 | |
| 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 | |
| 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 607, 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: <u><i>William R. Wintzer</i></u> WILLIAM R. WINTZER 3/28/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 3/28/06 Daytime Phone # (561) 572-2177 | | |