## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000035975

Entity Name: DHARMA PROPERTIES, INC.

FILED Mar 19, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1105 N FEDERAL HWY

BOYNTON BEACH, FL 33435 US

**Current Mailing Address: New Mailing Address:** 

1180 SEMINOLE TRAIL 205 RANCHITOS RD TAOS, NM 87571 SUITE 155

CHARLOTTESVILLE, VA 22901 US

FEI Number: 65-0744744 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORICK, SANDI 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435 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:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change ( ) Addition GOODYEAR, KIMBERLY A GOODYEAR, KIMBERLY A Name: Name: 125 LA POSTA RD 1180 SEMINOLE TR, STE 155 Address: Address: TAOS, NM 87571 City-St-Zip: City-St-Zip: CHARLOTTESVILLE, VA 22901 US

Title: Title: () Delete () Change () Addition

Name: WORRELL, THOMAS E JR. Name: 1105 N FEDERAL HWY Address: Address: BOYNTON BEACH, FL 33435 US City-St-Zip: City-St-Zip:

Electronic Signature of Registered Agent

Title: (X) Change ( ) Addition Title: ( ) Delete

FOELLMER, GLORIA Name: FOELLMER, GLORIA Name: 1180 SEMINOLE TR, STE 155 205 RANCHITOS ROAD Address: Address: City-St-Zip: TAOS, NM 87571 City-St-Zip: CHARLOTTESVILLE, VA 22901

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 PD 03/19/2008