2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035975

Address:

City-St-Zip:

1180 SEMINOLE TR, STE 155

CHARLOTTESVILLE, VA 22901

FILED Mar 24, 2009 Secretary of State

Entity Nar	ne: DHARI	MA PROPI	ERTIES, INC.				
Current Principal Place of Business:				New Principa	New Principal Place of Business:		
1105 N FEDERAL HWY BOYNTON BEACH, FL 33435 US				301	1005 LAKE AVE 301 LAKE WORTH, FL 33460 US		
Current Mailing Address:				New Mailing A	New Mailing Address:		
SUITE 155	NOLE TRAI		US				
FEI Number:	65-0744744	FEI Nu	ımber Applied For()	FEI Number Not Applicab	le () Co	ertificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Ad	Name and Address of New Registered Agent:		
MORICK, SANDI 1105 N FEDERAL HWY BOYNTON BEACH, FL 33435 US				1005 LAЌE AV 301	MORICK, SANDI 1005 LAKE AVE 301 LAKE WORTH, FL 33460 US		
	named entit e of Florida.	y submits	this statement for the p	urpose of changing its re	egistered offic	e or registered agent, or both,	
SIGNATURE:					03/24/2009		
Electronic Signature of Registered Agent				ent	Date		
Election Car	npaign Financ	ing Trust F	und Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD GOODYEAR 1180 SEMIN CHARLOTTE	OLE TR, ST	E 155	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	CD WORRELL, 1105 N FED BOYNTON B	ERAL HWY		Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name:	S FOELLMER,	() Delete GLORIA		Title: Name:	() Ch	ange()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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GLORIA FOELLMER S 03/24/2009