2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# 759784

Entity Name: LAOTIAN AMERICAN ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

14977 56 ST N
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

14977 56 ST N
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-2891844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TAI, JOSEPH E
14977 56 ST N
CLEARWATER, FL 33760 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TAI, JOSEPH E	
Address:	14977 56 ST N	
City-St-Zip:	CLEARWATER, FL 33760 US	
Title:	VD	( ) Delete
Name:	SAYASANE, SAVANG	
Address:	9920 53 LANE N	
City-St-Zip:	PINELLAS PARK, FL 33782	
Title:	VD	( ) Delete
Name:	INSOUTA, KHAMPHANH	
Address:	5255 101ST AVE NORTH	
City-St-Zip:	PINELLAS PARK, FL 33782	
Title:	VD	( ) Delete
Name:	PHASAVATH, SANTI	
Address:	5010 8 AVE N	
City-St-Zip:	SAINT PETERSBURG, FL 33710	
Title:	S	( ) Delete
Name:	PHOTHISENE, DAVID	
Address:	3708 53 AVE., N	
City-St-Zip:	SAINT PETERSBURG, FL 33714	
Title:	T	( ) Delete
Name:	PHOUTHAVONG, MARK	
Address:	3426 LANTANA DR.	
City-St-Zip:	LARGO, FL 33777	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	PHONETHIPSAVATH, THONGCHINHDA	
Address:	4100 17TH ST. N.	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH TAI PD 04/04/2005

Electronic Signature of Signing Officer or Director — Date