


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90297 047 ****61.25

DOCUMENT # N05000005453			
1. Entity Name YU-LO CHARITABLE FOUNDATION, INC.			
Principal Place of Business 493 S BEACH RD HOBE SOUND FL 33455		Mailing Address 493 S BEACH RD HOBE SOUND FL 33455	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 65-1250335		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEYER, ESQ. 1070 E INDIANTOWN RD STE 312 JUPITER FL 33477		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Yu, Frances S.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Yu, FRANCES S			NAME	Yu, FRANCES S.		
STREET ADDRESS	493 S BEACH RD			STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON, CRAIG			NAME			
STREET ADDRESS	648 GEORGE BUSH BLVD			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL 33483			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YU, HSIEN-HENG			NAME			
STREET ADDRESS	152 SUNG-CHING ST, 11 FLR			STREET ADDRESS			
CITY-ST-ZIP	TAIPEI, TAIWAN			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YU, HSIEN-PIN			NAME			
STREET ADDRESS	152 SUNG-CHING ST, 11 FLR			STREET ADDRESS			
CITY-ST-ZIP	TAIPEI, TAIWAN			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YU, SHANG-JUNG			NAME			
STREET ADDRESS	152 SUNG-CHING ST, 11 FLR			STREET ADDRESS			
CITY-ST-ZIP	TAIPEI, TAIWAN			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Frances S. Yu 4/22/06 772-545-7102