


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000000261

1. Entity Name
WAT FLORIDA DHAMMARAM, INC.



Principal Place of Business Mailing Address

2421 OLD VINELAND ROAD 2421 OLD VINELAND ROAD
 KISSIMMEE, FL 34746 KISSIMMEE, FL 34746



04252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3165299	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANTARA, YOUTH
 4481 N. PINE HILLS RD.
 ORLANDO, FL 32808

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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 *YOUTH CHANTARA* YOUTH CHANTARA 4-26-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KRUAKAEW, PHRA S 2421 OLD VINELAND RD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEEYING, PRAYOMG 4457 WINDERWOOD CIR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUBLATANA, NARONG 1456 MONTEGO LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAECHIM, KESORN 2684 BLAOK OAK LANE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEHMANEESRI, CHAVALT 515 PORTLAND CIR. APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRAKIT, SIATRAGUL 423 E ROSEWOOD LANE RAVARES, FL

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 04/29/04-80032-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Mr. Suray Kruglow* 4-26-04 407-525-2824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #