


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000000261  
1. Entity Name  
WAT FLORIDA DHAMMARAM, INC.



Principal Place of Business  
2421 OLD VINELAND ROAD  
KISSIMMEE, FL 34746

Mailing Address  
2421 OLD VINELAND ROAD  
KISSIMMEE, FL 34746



05032005 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  \$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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IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

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 BLAEC 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

U00000362652  
05/05/05-80126-016 61.25

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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)(f), 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: [Signature] DATE: 4-30-05 DAYTIME PHONE #: 407-397-9551