


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT #** N5000002751

1. Entity Name  
**WAT PRA-KEO, INC.**



**FILED**  
05 NOV 15 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 404 BAY BERRY DR. LAKE PARK FL 33403	Mailing Address 404 BAY BERRY DR. LAKE PARK FL 33403
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

REINSTATEMENT

2nd MOORE, CR 057 (5/05) 05

**6. Name and Address of Current Registered Agent**

**NACHAMPASSAK, CHAO-VEING**  
404 BAY BERRY DRIVE  
LAKE PARK FL 33403

**7. Name and Address of New Registered Agent**

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 *Chao Vieng Nachampassak* DATE Nov. 10<sup>th</sup> 2005

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By September 7, 2005**

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

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

10.	P	OFFICERS AND DIRECTORS	
TITLE		NACHAMPASSAK, CHAO-VEING	<input type="checkbox"/> Delete
NAME		404 BAY BERRY DRIVE	
STREET ADDRESS		LAKE PARK FL	
CITY-ST-ZIP		SD	
TITLE		THANSAMAI, WALAIPORN	<input type="checkbox"/> Delete
NAME		404 BAY BERRY DRIVE	
STREET ADDRESS		LAKE PARK FL 33403	
CITY-ST-ZIP		D	
TITLE		EDWARD, BRIAN	<input type="checkbox"/> Delete
NAME		404 BAY BERRY DR	
STREET ADDRESS		LAKE PARK FL	
CITY-ST-ZIP		D	
TITLE		NACHAMPASSAK, KHAMKHAY	<input type="checkbox"/> Delete
NAME		404 BAY BERRY DR.	
STREET ADDRESS		LAKE PARK FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	400061137794
STREET ADDRESS	11/03/05--01037--024 **100.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400061137794
CITY-ST-ZIP	11/15/05--01015--016 **136.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Chao Vieng Nachampassak* B. Mitchell NOV 16 2005