


**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.	
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Principal Place of Business 2421 OLD VINELAND ROAD KISSIMMEE, FL 34746	Mailing Address 2421 OLD VINELAND ROAD KISSIMMEE, FL 34746
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05032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3165299	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 CHANTARA, YOUTH 4481 N. PINE HILLS RD. ORLANDO, FL 32808
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DO NOT WRITE 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 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

<p>U00000362652 05/05/05-80126-016 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-05 407-397-9551