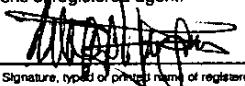
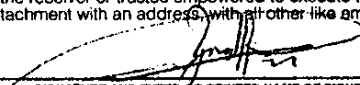


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90023 032 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                     |                                                                                                                                                                  |                                                                                   |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>DOCUMENT # 765962</b><br>1. Entity Name<br><b>CHINESE CHRISTIAN ALLIANCE CHURCH OF TAMPA<br/>BAY AREA, FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                                                                     |                                                                                                                                                                  |  |                                                                    |
| Principal Place of Business<br><b>312 EAST 127TH AVE<br/>TAMPA, FL 33612</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                     | Mailing Address<br><b>312 EAST 127TH AVE<br/>TAMPA, FL 33612</b>                                                                                                 |                                                                                   |                                                                    |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                                                                                                                  |                                                                                   |                                                                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | City & State                                                                        |                                                                                                                                                                  |                                                                                   |                                                                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                              | Zip                                                                                 | Country                                                                                                                                                          | 4. FEI Number<br><b>59-2274742</b>                                                |                                                                    |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                     |                                                                                                                                                                  | \$8.75 Additional Fee Required                                                    |                                                                    |
| 6. Name and Address of Current Registered Agent<br><br><b>WANG, TING-YUENG<br/>5700 MARINER ST.<br/>#306<br/>TAMPA, FL 33609</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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  <b>Ting-yueng WANG</b><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                     | DATE <b>3/16/08</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                               |                                                                                   |                                                                    |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                  | <b>\$5.00 May Be<br/>Added to Fees</b>                                            |                                                                    |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                     |                                                                                                                                                                  |                                                                                   |                                                                    |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                      |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                     |                                                                                   |                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>YONG, GEOFFREY<br>16012 STAG'S LEAP DR<br>LUTZ, FL 33559       | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>WANG, TING-YUENG<br>5700 MARINER ST. #306<br>TAMPA, FL 33609  | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>SEAMAN, SAMUEL<br>4325 GROUPE LANE<br>NEW PORT RICHEY, FL 34653 | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | S<br>LAU, VICTOR<br>8729 Osage Dr.<br>Tampa FL 33624               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>WANG, ALFRED<br>5610 MACALLAN DR<br>TAMPA, FL 33625             | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | T<br>SHEAR, DING-HUA<br>16220 Nottingham Parkway<br>Tampa FL 33647 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  <b>Fu K. Yong</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                     | Date <b>3-16-08</b><br><small>Daytime Phone #</small>                                                                                                            |                                                                                   |                                                                    |