
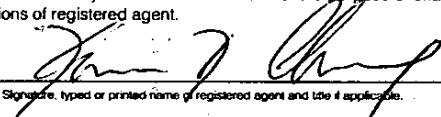
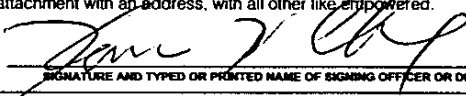


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90008 019 ****61.25

DOCUMENT # N0000006287			
1. Entity Name SUN YAT SEN UNIVERSITY OF MEDICAL SCIENCES GUANG HAU MEDICAL COLLEGE ALUMNI ASSOCIATION OF AMERI			
Principal Place of Business 7550 HINSON ST 9C ORLANDO, FL 32819		Mailing Address 7550 HINSON ST 9C ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address 1038 Santiago St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State San Francisco CA	
Zip	Country	Zip	Country
94116	USA	94116	USA
4. FEI Number 59-3672930		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		7. Name and Address of New Registered Agent	
CHENG, HOMER H 7550 HINSON ST 9C ORLANDO, FL 32819		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: 		DATE: 2/24/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENG, HOMER H	NAME	
STREET ADDRESS	7550 HINSON ST 9C	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONG, LINCOLN	NAME	
STREET ADDRESS	2430 WAWONA ST	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94116	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEW, NORMAN	NAME	
STREET ADDRESS	1038 SANTIAGO ST	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94116	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YU, HONG Y ING	NAME	
STREET ADDRESS	316 BEDFORD LN	STREET ADDRESS	
CITY-ST-ZIP	AMERICAN CANYAN, CA 94503	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE: 2/24/06 407-230-0800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	