


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006287</b>		
1. Entity Name <b>SUN YAT SEN UNIVERSITY OF MEDICAL SCIENCES GUANG HAU MEDICAL COLLEGE ALUMNI ASSOCIATION</b>		
Principal Place of Business <b>7550 HINSON ST 9C ORLANDO FL 32819</b>	Mailing Address <b>1038 SANTIAGO ST SAN FRANCISCO CA 94116</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3672930</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>CHENG, HOMER H 7550 HINSON ST 9C ORLANDO FL 32819</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete <b>CHENG, HOMER H 7550 HINSON ST 9C ORLANDO FL 32819</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000634653 02/22/07-80020-015 61.25</b>
NAME	D <input type="checkbox"/> Delete <b>WONG, LINCOLN 2430 WAWONA ST SAN FRANCISCO CA 94116</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D <input type="checkbox"/> Delete <b>LEW, NORMAN 1038 SANTIAGO ST SAN FRANCISCO CA 94116</b>	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>YU, HONG Y ING 316 BEDFORD LN AMERICAN CANYAN CA 94503</b>	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Delete	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 Section 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:** *Jan J. Cheng* 2/16/07