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

SIGNATURE:

Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # N01000002295 02-28-2005 90215 002 ****61.25 USA - TAIWAN COMMONWEALTH FOUNDATION, INC. Principal Place of Business Mailing Address 2401 ALBION AVE. ORLANDO FL 32833 2401 ALBION AVE. ORLANDO FL 32833 DUNTEDDA: 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-3708887 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LI, SANDY Y Street Address (P.O. Box Number is Not Acceptable) 2401 ALBION AVE. ORLANDO FL 32833 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 Forida. I am familiar with, and accept the obligations of registered agen SIGNATU# nd title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete ☐ Addition THIF LI, SHIH-YI ARTHUR NAME NAME 2401 ALBION AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32833 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE LI. SANDY NAME 2401 ALBION AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32833 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Defete — ☐ Change TITLE TITLE -LI, CHRISTINA NAME NAME 2601 SW ARCHOR RD. STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32608** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE HUNG, JUNG LUNG D NAME NAME 1885 SW HEALTH PKWY STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY - ST- ZIP ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 attackment with an addr with all other like embowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #