

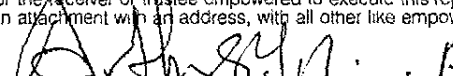


FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002295				FILED Apr 24, 2006 08:00 AM Secretary of State	
1. Entity Name USA - TAIWAN COMMONWEALTH FOUNDATION, INC.					
Principal Place of Business 2401 ALBION AVE. ORLANDO FL 32833		Mailing Address 2401 ALBION AVE. ORLANDO FL 32833			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E037 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3708887	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LI, SANDY Y 2401 ALBION AVE. ORLANDO FL 32833				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: 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	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	LI, SHIH-YI ARTHUR		NAME	U000000532360	
STREET ADDRESS	2401 ALBION AVE.		STREET ADDRESS	05/06/06-80082-001 61.25	
CITY- ST- ZIP	ORLANDO FL 32833		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	LI, SANDY		NAME		
STREET ADDRESS	2401 ALBION AVE.		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32833		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	LI, CHRISTINA		NAME		
STREET ADDRESS	2601 SW ARCHOR RD.		STREET ADDRESS		
CITY- ST- ZIP	GAINESVILLE FL 32608		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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"/> Add	
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"/> Add	
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 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:  ARTHUR Shih-yi Li 4/22/06					