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

FILED DOCUMENT # N01000002295 Apr 18, 2007 08:00 AM Secretary of State 1. Entity Namo USA - TAIWAN COMMONWEALTH FOUNDATION, INC. Principal Place of Business Mailing Address 2401 ALBION AVE. ORLANDO FL 32833 2401 ALBION AVE. ORLANDO FL 32833 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3708887 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LI, SANDY Y Stroot Address (P O Box Number is Not Acceptable) 2401 ALBION AVE. ORLANDO FL 32833 Zip Codo 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 Signature, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete 11111 HHE ☐ Change Addition UQOOQO715418 '27/07-80064-007 61.25 NAME LI, SHIH-YI ARTHUR NAME STREET ADDRESS STREET ADDRESS 2401 ALBION AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32833 HILL ☐ Delete 1016 ☐ Change SD Addition NAME NAME LI, SANDY STREET ADDRESS STREET ADDRESS 2401 ALBION AVE. CITY-ST-7IP ORLANDO FL 32833 CITY-ST-7IP DITTE □ Delete 11111 Change Addition D NAME NAM LI, CHRISTINA STREET ADDRESS STREET ADDRESS 2601 SW ARCHOR RD. CITY-ST-ZIP CITY-ST-7/P **GAINESVILLE FL 32608** HITLE ☐ Defete mir ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP Delete HITTE DICE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP COY-ST-7IP TITLE Addition ☐ Defete 11111 ☐ Change NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP I heroby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutos, 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 eath; that I am an efficer 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: