

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002358

1. Entity Name
TIEN - DAO CULTURE OF MERCIFUL LOTUS, INC.



Principal Place of Business
**1363 E. CRISAFULLI ROAD
MERRITT ISLAND, FL 32953**

Mailing Address
**1363 E. CRISAFULLI ROAD
MERRITT ISLAND, FL 32953**



03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3709997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEW, HOW YUNG
1363 E CRISAFULLI ROAD
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEW, HOW YUNG
STREET ADDRESS	1363 E. CRISAFULLI ROAD
CITY - ST - ZIP	MERRITT ISLAND, FL 32953

TITLE	DV
NAME	PENG, ZHEN Q
STREET ADDRESS	1536 E. PALMWOOD DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32935

TITLE	DT
NAME	YANG, HUI Q
STREET ADDRESS	1536 E PALMWOOD DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32935

TITLE	DS
NAME	LEW, VINCENT K
STREET ADDRESS	1363 E CRISAFULLI ROAD
CITY - ST - ZIP	MERRITT ISLAND, FL 32953

TITLE	D
NAME	CHEN, WENDY M
STREET ADDRESS	126 SAN JUAN CIRCLE
CITY - ST - ZIP	MELBOURNE, FL 32935

TITLE	D
NAME	CHEN, MAY FENG M
STREET ADDRESS	126 SAN JUAN CIRCLE
CITY - ST - ZIP	MELBOURNE, FL 32935

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03/26/05-80037-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent K. Lew **VINCENT K. LEW** 3/24/05 (321) 402-7968
Date Signature Phone #