2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000003178

1. Entity Name
TIBETAN YUNGDRUNG BON INSTITUTE, INC.

FILED
05 JUN 16 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
510 W. 30TH STREET MIAMI BEACH, FL 33140	510 W. 30TH STREET MIAMI BEACH, FL 33140

06022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
353 W 47TH. STREET	353 W 47TH. STREET
Suite, Apt. #, etc.: 76	Suite, Apt. #, etc.: 76
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number: 65-1153685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALIPO, JANET 510 W. 30TH STREET MIAMI BEACH, FL 33140	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALIPO, JANET 510 W. 30TH STREET MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOULAHAN, KATHLEEN 50 ASHLAND STREET ARLINGTON, MA 02476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TOTH, LAZLO 510 W. 30TH STREET MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400056600833 06/29/05--01014--012 **70.00	Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAXTER, DEBRA 800 LENNOX AVE., #1 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PUGLIESE, MARIA LAURA 1541 BRICKELL AVE. #1501 MIAMI, FL 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TOTH, VALERIE P.O. BOX 398502 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAUNDERS, GWENDOLYN C. 4174 BRAGANZA AVE. MIAMI, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RINPOCHE, LAMA KHEMSAR 510 W. 30TH STREET MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RINPOCHE, LAMA RHYINSAR 22 HOLLYCROFT AVE. HAMPSTEAD NW3 - 7QL UNITED KINGDOM	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Kathleen Houlahan KATHLEEN HOULAHAN June 11. 2005 781-643-4491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #