


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90041 023 \*\*\*\*61.25

<b>DOCUMENT # N01000006528</b>	
1. Entity Name <b>THE YAJIN ART CENTER, INC.</b>	

Principal Place of Business <b>600 S ORLANDO AVE SUITE 101 MAITLAND FL 32751</b>	Mailing Address <b>600 S ORLANDO AVE SUITE 101 MAITLAND FL 32751</b>
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**94032128**



MOORE CR2E037 (11/03)

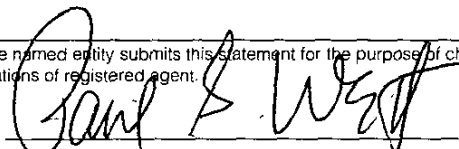
2. Principal Place of Business <b>600 S. Orlando Ave.</b>	3. Mailing Address <b>600 S. Orlando Ave.</b>
Suite, Apt. #, etc. <b>Suite 301</b>	Suite, Apt. #, etc. <b>Suite 301</b>

City & State <b>Maitland FL</b>	City & State <b>Maitland FL</b>	4. FEI Number <b>59-3743370</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32751</b>	Country <b>Orange</b>	Zip <b>32751</b>	Country <b>Orange</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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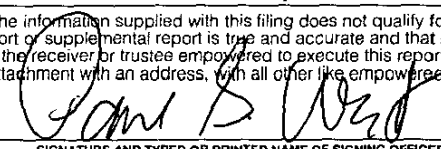
6. Name and Address of Current Registered Agent <b>WEST, PAUL S 600 S. ORLANDO AVE. SUITE 101 MAITLAND FL 32751</b>	
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7. Name and Address of New Registered Agent	
Name <b>WEST, PAUL S.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>600 S. Orlando Ave.</b>	
Ste <b>301</b>	
City <b>Maitland</b>	Zip Code <b>FL 32751</b>

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 	Paul S. West, Esq. Resident Agent 01-21-04 (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIELAFF, PAMELA G 1121 BAYSHORE CIRCLE LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIELAFF, JOHN T 1121 BAYSHORE CIRCLE LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUTON, STEVEN S 1121 BAYSHORE CIRCLE LONGWOOD FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEST, PAUL S 600 S ORLANDO AVE, SUITE 101 MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEST, PAUL S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 S. Orlando Ave., Suite 301 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Paul S. West, Esq. Treasurer & Director 3/16/2004 407-678-9111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #