## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006815

FILED Sep 13, 2005 Secretary of State

Entity Name: WORLD IN HARMONY FOUNDATION INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5437 PIERCE ST.

HOLLYWOOD, FL 33021 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 398813 PO BOX 1292

MIAMI BEACH, FL 33239 US DEERFIELD BEACH, FL 33443 US

FEI Number: 65-1143241 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIM, TIEN 5437 PIERCE ST

HOLLYWOOD, FL 33021 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** 

PDC

( ) Delete

(X) Change ( ) Addition

CASTILLO, GLORIA CASTELLI, JEANETTE Name: Name:

Address: 5437 PIERCE ST Address: PO BOX 1292

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: DEERFIELD BEACH, FL 33443

Title: VTD Title: VTSD ( ) Delete (X) Change ( ) Addition

Name: LIM, TIEN Name: LIM, TIEN Address: 5437 PIERCE ST Address: 5437 PIERCE ST City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

Title: (X) Delete Title: () Change () Addition

STEFFEY, DR. JOSEPH Name: Name: Address: 4898 PALM RIDGE BLVD. Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIEN LIM D 09/13/2005