


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

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90306 019 \*\*\*\*\*75.00

<b>DOCUMENT # N01000007860</b>		
1. Entity Name <b>LAO CARE ORGANIZATION, INC.</b>		
Principal Place of Business <b>3884 20TH ST. N. ST. PETERSBURG, FL 33714</b>		Mailing Address <b>3884 20TH ST. N. ST. PETERSBURG, FL 33714</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SANANIKONE, BUSH 3884 20TH ST. N. ST. PETERSBURG, FL 33714</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANANIKONE, BUSH 3884 20TH STREET NORTH SAINT PETERSBURG, FL 33714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MANIVONG, SOULIKHANH 8481 57TH ST., N PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHANTARAK, BONNIE 10580 58TH STREET NORTH PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAYSOU LIVONY, VIENGKHAM 2710 39TH AVE. NORTH SAINT PETERSBURG, FL 33714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD THAMMAVONG, KARLO S 1005 16TH STREET NORTH SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORID, SAMPASAYA 2175 25TH AVE. NORTH SAINT PETERSBURG, FL 33713	
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: <u><i>Bush Sananikone</i></u> <b>3/7/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		