

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003905

FILED
Jul 09, 2006
Secretary of State

Entity Name: BUDDHIST CHARITIES INC.

Current Principal Place of Business:

441 NE 195 ST.
SUITE 301
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

441 NE 195 ST.
SUITE 301
MIAMI, FL 33179

New Mailing Address:

FEI Number: 02-0609906 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:

SMALLEY, DAVID L
441 NE 195 ST.
SUITE 301
MIAMI, FL 33179 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ORSINI, LILLIAN G
Address: 6367 SW 43 ST
City-St-Zip: MIAMI, FL 33155

Title: DST () Delete
Name: SMALLEY, DAVID L
Address: 6367 SW 43 ST
City-St-Zip: MIAMI, FL 33155

Title: DV () Delete
Name: AYARZA, ALEJANDRO
Address: 3204 HUNTER PARK CIRCLE
City-St-Zip: FT WORTH, TX 76116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ORSINI, LILLIAN G
Address: 441 NE 195 STREET #301
City-St-Zip: MIAMI, FL 33179

Title: DST (X) Change () Addition
Name: SMALLEY, DAVID L
Address: 441 NE 195 STREET #301
City-St-Zip: MIAMI, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID L SMALLEY

DST

07/09/2006

Electronic Signature of Signing Officer or Director

Date