

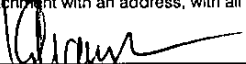


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90025 039 ****70.00

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|--|--|--|---|--|--|
| DOCUMENT # N04000007492 1. Entity Name WAT LAOS THAMMAVANARAM, INC. | | | |  | |
| Principal Place of Business 13490 ASHFORD WOOD COURT W JACKSONVILLE, FL 32218 | | | Mailing Address 13490 ASHFORD WOOD COURT W JACKSONVILLE, FL 32218 | | |
| 2. Principal Place of Business 45342 BISMARCK Road Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State CAITHAN, FL | | City & State | | 4. FEI Number 06-1731146 | |
| Zip 32011 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KHOUNTHAM, KRISTEEN D P 13490 ASHFORD WOOD COURT W JACKSONVILLE, FL 32218 | | | | 7. Name and Address of New Registered Agent 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  | | KRISTEEN KHOUNTHAM, President | | DATE 7-18-06 | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P KHOUNTHAM, KRISTEEN D 13490 ASHFORD WOOD COURT WEST JACKSONVILLE, FL 32218 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PHOMVONGSA, SAM 433 SARAH TOWN LANE JACKSONVILLE, FL 32259 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PHENGCHANH, MICKEY 12543 WILLOUGHTBY LANE JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SANGSOUVANH, MONE 664 LEE ROAD JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MANIVONG, LAMPANG 1318 BLUR FOGLE WAY E JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VANNOUSONE, KEO 2728 LANTANA LAKE ROAD JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5th Eagle Drive E. Jacksonville, FL 32226 | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | KRISTEEN KHOUNTHAM | | Date 7-18-06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 904-982-9925 | | | |