

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2008
Secretary of State

DOCUMENT# N05000000361

Entity Name: KACHIN DEVELOPMENT FOUNDATION INC.

Current Principal Place of Business:

996 CHALMET LANE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O BOX 54044
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 20-3039576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

GALAU, HKAW S
2078 HYDE PARK RD.
APT.# 11
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

GALAU, HKAW S
7906 CONGAREE CT, N
JACKSONVILLE, FL 32211 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: HKAW SAU GALAU

07/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALAU, HKAW S
Address: 2078 HYDE PARK RD., APT.#11
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: NAW, MARAN D
Address: 2078 HYDE PARK RD., APT.#33
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: DINGRA, KHIN S
Address: 996 CHALMET LN.
City-St-Zip: JACKSONVILLE, FL 32218

Title: AS () Delete
Name: NAWANG, DAN M
Address: 1823 DANESE CT., APT.#46
City-St-Zip: JACKSONVILLE, FL 32207

Title: AS () Delete
Name: MARAN, ZUNG Y
Address: 2078 HYDE PARK ROAD #24
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: CHYINGYU, GYUNG M
Address: 2078 HYDE PARK RD., APT.#12
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALAU, HKAW S
Address: 7906 CONGAREE CT, N
City-St-Zip: JACKSONVILLE, FL 32211

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: HKAW SAU GALAU

HS

07/12/2008

Electronic Signature of Signing Officer or Director

Date