2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010109

FILED Apr 30, 2007 Secretary of State

Entity Name: KHMER KROM BUDDHIST TEMPLE OF FLORIDA, INC.

•		
Current Principal Place of Business:		New Principal Place of Business:
	R MILL DR RNA BEACH, FL 32168	2725 ZUNI RD ST. CLOUD, FL 34771
Current M	ailing Address:	New Mailing Address:
	R MILL DR RNA BEACH, FL 32168	2725 ZUNI RD ST. CLOUD, FL 34771
FEI Number:	20-8052977 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
221 N CAĹ	EDWARD H JR JSEWAY RNA BEACH, FL 32169 US	THACH, DOC 2725 ZUNI RD ST. CLOUD, FL 34771 US
	named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or both
SIGNATUF	RE: DOC THACH	04/30/2007
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	P () Delete SALENH, LY 1816 DERBY GLEN DR ORLANDO, FL 32837	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V () Delete THACH, MY 3233 TINDALL ACRES RD KISSIMMEE, FL 34744	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete THACH, BOT 3050 GUS RD KISSIMMEE, FL 34744	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete THACH, DOC 2387 GREAT HARBOR DR KISSIMMEE, FL 34746	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: LY SALENH P 04/30/2007