

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012029

FILED
Apr 30, 2008
Secretary of State

Entity Name: WAT FLORIDA BUDDHARAM CORP.

Current Principal Place of Business:

2137 FOX DEN DRIVE
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

2137 FOX DEN DRIVE
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 71-1027491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUKHVSASDI, VALLOBH
2137 FOX DEN DRIVE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: SUKHVSASDI, VALLOBH
Address: 2137 FOX DEN DR
City-St-Zip: NAVARRE, FL 32566

Title: VPSD () Delete
Name: CHAIPRASERT, PHRAMAHA A
Address: 2137 FOX DEN DR
City-St-Zip: NAVARRE, FL 32566

Title: ASD () Delete
Name: NETHONGKOME, AMNUAY
Address: 2137 FOX DEN DR
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: DOTTAVIO, DOKMAI ADVISOR
Address: 620 FAIRWAY AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD () Delete
Name: CARL, BILL
Address: 137 N AUDREY CR. NW
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change () Addition
Name: NETHONGKOME, AMNUAY
Address: 2137 FOX DEN DR
City-St-Zip: NAVARRE, FL 32566

Title: ASD (X) Change () Addition
Name: PHILIPPOU, CHAMROOM
Address: 271 W LORRAINE DR
City-St-Zip: MARY ESTHER, FL 32569

Title: D (X) Change () Addition
Name: ROUTHIER, CAROM
Address: 13562 ST HWY 20 W CHOCTAW BEACH
City-St-Zip: FREEPORT, FL 32439

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: SUKHVSASDI, VALLOBH

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date