2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N93000000261

Entity Name: WAT FLORIDA DHAMMARAM, INC.

Current Principal Place of Business:

2421 OLD VINELAND ROAD
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

2421 OLD VINELAND ROAD
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 59-3165299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANTARA, YOUTH
4493 N PINE HILLS RD
ORLANDO, FL 32808 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:	C	( ) Delete
Name:	KRUAKAEW, PHRA S	
Address:	2421 OLD VINELAND RD	
City-St-Zip:	KISSIMMEE, FL	
Title:	PD	( ) Delete
Name:	DEEYING, PRAYOMG	
Address:	4457 WINDERWOOD CIR.	
City-St-Zip:	ORLANDO, FL	
Title:	VD	( ) Delete
Name:	SUBLATANA, NARONG	
Address:	1456 MONTEGO LANE	
City-St-Zip:	ORLANDO, FL	
Title:	TD	( ) Delete
Name:	SAECHIM, KESORN	
Address:	2684 BLAEK OAK LANE	
City-St-Zip:	KISSIMMEE, FL	
Title:	SD	( ) Delete
Name:	VEHMANEESRI, CHAVALT	
Address:	515 PORTLAND CIR.	
City-St-Zip:	APOPKA, FL	
Title:	D	( ) Delete
Name:	PRAKIT, SIATRAGUL	
Address:	423 E ROSEWOOD LANE	
City-St-Zip:	RAVARES, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KRUAKAEW C 04/22/2009

Electronic Signature of Signing Officer or Director — Date