

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90078 003 ****75.00

DOCUMENT # N94000001618 1. Entity Name THE SUPREME MASTER CHING HAI INTERNATIONAL ASSOCIATION IN FLORIDA INC.			
Principal Place of Business 4965 SHORELINE CIRCLE SANFORD, FL 32771 US		Mailing Address ATTN: PATRICK WINKLER P.O. BOX 492852 LEESBURG, FL 34749 US	
2. Principal Place of Business 1064 KERSFIELD CIRCLE		3. Mailing Address Suite, Apt. #, etc.	
City & State HEATHROW, FL		City & State	
Zip 32746	Country USA	Zip	Country
4. FEI Number 59-3277772		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAN, SHIN-K 4965 SHORELINE CIR SANFORD, FL 32771		7. Name and Address of New Registered Agent Name HAN, SHIN-K Street Address (P.O. Box Number is Not Acceptable) 1064 KERSFIELD CIRCLE City HEATHROW, FL Zip Code 32746	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 SD HUNG, KUO-CHING P.O. BOX 244, N/A OKAHUMPKA, FL 34762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD COOKE KELSEY P.O. BOX 492852 LEESBURG, FL 34749 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP D QUOC PHAN P.O. BOX 492852 LEESBURG, FL 34749 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HUANG, FENG-MING P.O. BOX 244, N/A OKAHUMPKA, FL 34762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D YANG, TE P.O. BOX 244, N/A OKAHUMPKA, FL 34762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD KUO, CHING TENG P.O. BOX 244, N/A OKAHUMPKA, FL 34762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP M WINKLER, PATRICK P.O. BOX 492852 LEESBURG, FL 34749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD PATRICK WINKLER P.O. BOX 492852 LEESBURG, FL 34749 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patrick Winkler (PATRICK WINKLER) AUG 10, 2005 406-7345 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			