^2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N94000001618 1. Entity Name THE SUPREME MASTER CHING HAI INTERNATIONAL



Aug 15, 2005 8:00 am Secretary of State 08-15-2005 90078 003 ****75.00

FILED

	ATION IN FLORIDA INC.	THE THE THE THE								
	ee of Business ELINE CIRCLE L 32771 US	Mailing Address ATTN: PATRICK WINKLER P.O. BOX 492852 LEESBURG, FL 34749	US				UUU	V & 3 V	, .	
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2. Principal P	Place of Business KERSFIELD CIRCLE	3. Mailing Address				10# 14 0# 141# 141# 1			ШШ	
Suite, Apt.		Suite, Apt. #, etc.			04232005 CI	ng-NP	CR2E037 (10/03)		
City & Stat	HROW, FL	City & State			4. FEI Number 59-327777	2		+	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		.75 Add	litional	
327	-46 USA	anistand Anad	<u> </u>				7 1-86	Require	d .	
	6. Name and Address of Current R	agisterad Agant	Name		7. Name and Add		gistered Age	m.		
-HAN, SHIN	N-K		Street Address			N S HI N K				
), FL 32771					D CIR				
			,							
			City	HEA	THROW		FL	Zip Code	7-46	
	named entity submits this statement for	the purpose of changing its re	egistered office o			the State of Flori	da. I am fami	iliar with,	and accept	
the obligat	tions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: I	Registered Agent signer	ture required	when reinstating)		DATE			
SIGNATURE		9. Election Camp Trust Fund Co	paign Financing	M	\$5.00 May Be Added to Fees		DATE ke check pa la Departme			
SIGNATURE	Signature, typed or printed name of registered agent an Filling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE	9. Election Camp Trust Fund Co	paign Financing	60	\$5.00 May Be	Florid	ke check pa la Departme	ent of St	ate	
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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: