

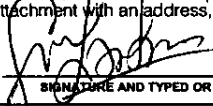


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90062 001 ****61.25
02-14-2008 90062 002 *****8.75

DOCUMENT # N94000001618 1. Entity Name THE SUPREME MASTER CHING HAI INTERNATIONAL ASSOCIATION IN FLORIDA INC.					
Principal Place of Business 108 COUNTRY CLUB DRIVE SANFORD, FL 32771 US			Mailing Address ATTN: PATRICK WINKLER P.O. BOX 492852 LEESBURG, FL 34749 US		
2. Principal Place of Business - No P.O. Box # 216 Farrington Lane Suite, Apt. #, etc. Kissimmee, FL City & State 34744 Zip		3. Mailing Address 216 Farrington Ln Suite, Apt. #, etc. Kissimmee FL City & State 34744 Zip		4. FEI Number 59-3277772 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		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 108 COUNTRY CLUB DRIVE SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Susan S. Sam Street Address (P.O. Box Number is Not Acceptable) 216 Farrington Ln Kissimmee City FL Zip Code 34744		
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  DATE 02/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input 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 JOHN, SCOTT P.O. BOX 492852 LEESBURG, FL 34749 <input 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 WINKLER, PATRICK P.O. BOX 492852 LEESBURG, FL 34749 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jennifer Lin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 121444 clermont, FL 34712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIN, HAN 108 COUNTRY CLUB DR. SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Susan S. Sam <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 216 Farrington Kissimmee, FL 34744	
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	
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	
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 exemptions contained 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 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:  DATE 02/11/08 <small>Signature and typed or printed name of signing officer or director</small>					

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