2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000003371

1. Entity Name
BURMESE BUDDHIST ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3107 OHIO AVENUE SANFORD, FL 32771 US	3107 OHIO AVENUE SANFORD, FL 32771 US

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03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3326382

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIN, MAUNG N
5303 OLD WINTER GARDEN RD
ORLANDO, FL 32811

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000473531
04/07/06-00007-019 70.00

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAN, HTET U
STREET ADDRESS	13811 HARBOR CREEK PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	TOE, DAW S
STREET ADDRESS	8359 LAKE CROMWELL CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	OO, KO KO
STREET ADDRESS	4864 WALDEN CIRCLE APT 411
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nyunt Shin NYUNT SHIN 3/21/06 407-299-1237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #