2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# N95000003668

Entity Name: THE MISSION OF TAO-CONFUCIANISM OF MIAMI, INC.

Current Principal Place of Business:

395 NORTHWEST 128TH AVE.
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

395 NORTHWEST 128TH AVE.
MIAMI, FL 33182

New Mailing Address:

FEI Number: 65-0600943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WANG, MING C
6950 CYPRESS RD., STE 208-15
PLANTATION, FL 33317 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:	DP	( ) Delete
Name:	HOU, HSIEH C	
Address:	395 NW 128 AVE	
City-St-Zip:	MIAMI, FL 33182	
Title:	D	(X) Delete
Name:	KAO, CHIN K	
Address:	395 NORTHWEST 128TH AVE.	
City-St-Zip:	MIAMI, FL 33182	
Title:	DT	( ) Delete
Name:	HSIEH, YING H	
Address:	395 NORTHWEST 128TH AVE.	
City-St-Zip:	MIAMI, FL 33182	
Title:	DS	( ) Delete
Name:	LEE, MAW-LIN	
Address:	220 NW 87 AVE APT #210	
City-St-Zip:	MIAMI, FL 33172	
Title:	DP	(X) Delete
Name:	CHEN, TAO C	
Address:	395 NW 128 AVE	
City-St-Zip:	MIAMI, FL 33182	
Title:	D	(X) Delete
Name:	LU, CHUN-MU	
Address:	25 WOODBURY CT.	
City-St-Zip:	CHERRY HILL, NJ 08034	

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 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 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: MAWLIN LEE DS 02/28/2005

Electronic Signature of Signing Officer or Director — Date