


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90012 049 ****61.25

DOCUMENT # N96000000443 1. Entity Name FLORIDA BUDDHIST ASSOCIATION, INC.	
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Principal Place of Business 12815 S.W. 119 TERRACE MIAMI, FL 33186 US	Mailing Address 12815 S.W. 119 TERRACE MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 25-0642342	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WU, KUANG-HSI 12815 S.W. 119TH TERRACE MIAMI, FL 33186

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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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TSENG, DAVID 8765 S.W. 100TH ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WU, KUANGHSI 12815 SW 119 TERR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <i>TSEN</i> LAI, MEITSEN → LAI Meitsen 12815 S.W. 119TH TERRACE MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>Kuanghsi Wu</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>3/3/06</i>	Daytime Phone #: <i>(305) 385-2866</i>
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