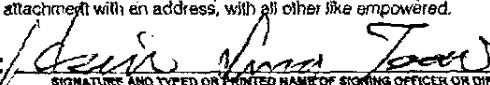


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N96000003701</b><br>1. Entity Name<br><b>CONFUCIUS-MANFUCIUS HOLY HOUSE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                                              |  |
| Principal Place of Business<br><b>6309 HOFFNER AVENUE<br/>ORLANDO, FL 32822</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | Mailing Address<br><b>6309 HOFFNER AVENUE<br/>ORLANDO, FL 32822</b>                                                           |  |
| <p><b>DO NOT WRITE IN THIS SPACE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     | <br>03252006 No Chg-NP      CR2E037 (11/05) |  |
| 4. FEI Number<br><b>59-3406314</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | <b>\$8.75</b> Additional Fee Required                                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HUANG, WILLIAM S<br/>2905 LAKEVIEW DRIVE<br/>FERN PARK, FL 32730</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p>                                                                                  |  |
| 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 _____ (NOTE: Registered Agent signature required when retaking)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                                                                                                                               |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | UUUUUU483483<br>04/11/06-80123-017 61.25                                                                                      |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DP                  | <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p>                                                                                  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LIAO, CHI C         |                                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6309 HOFFNER AVENUE |                                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ORLANDO, FL 32812   |                                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DVS                 |                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CHUNG, SUN Y        |                                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6309 HOFFNER AVENUE |                                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ORLANDO, FL 32812   |                                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                   |                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TSAI, HSIU L        |                                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6309 HOFFNER AVENUE |                                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ORLANDO, FL 32812   |                                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                   |                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HUANG, WILLIAM S    |                                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2905 LAKEVIEW DRIVE |                                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FERN PARK, FL 32730 |                                                                                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                                                                                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                                                                                                                               |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                                                                                                                               |  |
| 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. |                     |                                                                                                                               |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | 3-23-06                                                                                                                       |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | <small>Date      Daytime Phone #</small>                                                                                      |  |