


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003969 1. Entity Name PHOUTHA PASARAM BUDDHIST TEMPLE, INC.	
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Principal Place of Business 215 UNION CAMP ROAD CRESCENT CITY FL 32112 US	Mailing Address 215 UNION CAMP ROAD CRESCENT CITY FL 32112 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	Suits, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 59-3409821	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent VIENGKEO, HONGSAVADY 215 UNION CAMP RD CRESCENT CITY FL 32112	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P VIENGKEO, HONGSAVADY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	215 UNION CAMP RD.	NAME	05/05/05-80126-014 61.25
STREET ADDRESS	CRESCENT CITY FL 32112	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	VP SENGDAO, SENGKEOUDOM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	124 STARLIGHT ROAD	NAME	
STREET ADDRESS	CRESCENT CITY FL 32112	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	VD KENEKEO, BOUANGA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1729 SPRINKLE DR.	NAME	
STREET ADDRESS	JACKSONVILLE FL 32211	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	SD VORAKOUNE, KHAMKONE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RR 2 BOX 1018M	NAME	
STREET ADDRESS	CRESCENT FL 32112	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	TD BANGCHONG, RINGKO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTE 2 BOX 1018-K	NAME	
STREET ADDRESS	CRESCENT FL 32112	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			
TITLE	TD BOUNTHONG, CHANTHAVONG	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2443 ALAMANDA DR.	NAME	
STREET ADDRESS	DELTONA FL 32738	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an officer like empowered.

SIGNATURE: N. Hongkavong 5/01/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #