## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000004801

FILED Apr 11, 2009 Secretary of State

Entity Name: TUBTEN KUNGA CENTER FOR WISDOM CULTURE, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	TH TERRACE			
211 EERFIEI	LD BEACH, FL	33441		
urrent Mailing Address:		New Mailing Address:		
)1 SE 15 211	TH TERRACE			
	LD BEACH, FL	33441		
I Number	r: 65-0883575	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ıme and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	N, JUSTIN			
JITE 10° DRAL S	PRINGS, FL 3	3067 US		
JITE 10 <sup>:</sup> ORAL S ne above	1 PRINGS, FL 3:	3067 US	ourpose of changing its registere	ed office or registered agent, or both,
JITE 10° DRAL S le above the Stat	1 PRINGS, FL 3: e named entity se of Florida.	3067 US	ourpose of changing its registere	ed office or registered agent, or both,
JITE 10 <sup>o</sup> DRAL S e above the Stat	1 PRINGS, FL 3: e named entity se of Florida. RE:	3067 US		ed office or registered agent, or both,  Date
JITE 10: ORAL S ne above the Stat GNATU	1 PRINGS, FL 3: e named entity se of Florida. RE:	3067 US submits this statement for the particle of Registered Ag	ent	ed office or registered agent, or both,  Date  ES TO OFFICERS AND DIRECTOR
JITE 10: ORAL S ne above the Stat GNATU	1 PRINGS, FL 3: e named entity see of Florida.  RE: Electron ES AND DIREC	3067 US submits this statement for the particle Signature of Registered Ag TORS: Delete RGARITA	ent	Date
JITE 10 DRAL S THE ABOVE THE STATE  THE STAT	1 PRINGS, FL 3: e named entity se of Florida.  RE: Electron  S AND DIREC  D () ALARCON, MAI 10946 NW 56 C CORAL SPRING	submits this statement for the particle Signature of Registered Agentage TORS:  Delete RGARITA ET GS, FL 33076  Delete DGE APT. 15	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARGARITA B. ALARCON DIRE 04/11/2009