


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # G17412
 1. Entity Name
 EVER SPRING, INC.



Principal Place of Business Mailing Address
 1101 ALBRIGHT RD 390 EAGLE CREEK CIRCLE
 SANFORD, FL 32771 US LAKE MARY, FL 32746 US

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2246578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 OLSEN, ROBERT W., J.D.
 2518 EDGEWATER DR
 ORLANDO, FL 32804

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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 restateing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HSU, BECKY CHIU-LU 390 EAGLE CREEK CIRCLE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIU, ELAINE YI-PING 390 EAGLE CREEK CIRCLE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHIU, HOWARD WEN-HAO 390 EAGLE CREEK CIR. LAKE MARY, FL
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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 607, 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: Elaine Y. P. Chiu ELAINE Y. P. CHIU 1-25-07 407-321-3371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #