


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90210 029 ***150.00

| | |
|--|---|
| DOCUMENT # K30564 |  |
| 1. Entity Name LUCY HO'S OF LEESBURG, INC. | |

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|--|---|
| Principal Place of Business 1105 N 14 ST LEESBURG, FL 34748 US | Mailing Address C/O BUSSINESS COUNSELING SVCS. INC. PO BOX 1807 OCALA, FL 34478-1807 US |
|--|---|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



04202007 Chg-P CR2E034 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 59-2903728 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| LAO, BO-YU 1105 N 14 ST LEESBURG, FL 34748 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PTDS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAO, BO-YU | NAME | |
| STREET ADDRESS | 10026 BUNKER ROAD | STREET ADDRESS | |
| CITY- ST- ZIP | LEESBURG, FL 34788 | CITY- ST- ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HO, LUCY | NAME | |
| STREET ADDRESS | 2814 APALACHEE PKWY | STREET ADDRESS | |
| CITY- ST- ZIP | TALLAHASSEE, FL 32301 | CITY- ST- ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHIU, KATHERINE | NAME | |
| STREET ADDRESS | 3224 ROBINHOOD RD | STREET ADDRESS | |
| CITY- ST- ZIP | TALLAHASSEE, FL 32312 | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | 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 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: Bo - Yu Lao **4/23/07** **(352) 365 2935**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #