2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 02-26-2007 90308 016 ****50.00 **DOCUMENT # L06000109808** FOREVER CITY COMPANY PRODUCTS, LLC Principal Place of Business Mailing Address 20005285 11314 ISLE OF WATER BRIDGE 11314 ISLE OF WATER BRIDGE **SUITE 104** SUITE 104 ORLANDO, FL 32837 ORLANDO, FL. 32837_ 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAN, HOK WAN Street Address (P.O. Box Number is Not Acceptable) 11314 ISLE OF WATER BRIDGE SUITE 104 ORLANDO, FL 32837 City Zip Code FL 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, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHAN, HOK WAN NAME 11314 ISLE OF WATER BRIDGE, #104 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32837 CITY-ST-ZIP CITY - ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition ZENG, KE QIN NAME NAME STREET ADDRESS 11314 ISLE OF WATER BRIDGE, #104 STREET ADDRESS ORLANDO, FL 32837 CITY-ST-712 CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered of execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Detete

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED Feb 26, 2007 8:00 am