## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 22, 2006 08:00 Al Secretary of State DOCUMENT # L23768 1. Entity Name ALTÉRATIONS ETC OF TALLAHASSEE, INC. Principal Place of Business Mailing Address C/O YIZHEN WANG C/O YIZHEN WANG 3425 THOMASVILLE ROAD, UNIT E3 3425 THOMASVILLE ROAD, UNIT E3 TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 03062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2972521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PENSON, ALBERT C DO NOT WRITE 2810 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 1000000477171 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 04/06/06-80041-016 150.00 10, OFFICERS AND DIRECTORS TITLE NAME WANG, YIZHEN STREET ADDRESS 123 IVERNIA LOOP CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE NAME STREET ADDRESS CITY-ST-702 TITLE DO NOT WRITE STREET ADDRESS CITY-ST-Zi2 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P

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:

TITLE NAME STREET ADDRESS CITY-ST-7/P

TED OR PRINTED NAME OF EXAMING OFFICER OR DIRECTOR