2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L23768

ALTERATIONS ETC OF TALLAHASSEE, INC.



Principal Place of Business

C/O YIZHEN WANG

3425 THOMASVILLE ROAD, UNIT E3 TALLAHASSEE, FL 32308

Mailing Address

C/O YIZHEN WANG 3425 THOMASVILLE ROAD, UNIT E3

TALLAHASSEE, FL 32308

FILED

2008 APR 18 PM 11: 43

SECRETARY OF STATE TALLAHASSEE.FLORIDA



04012008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2972521

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENSON, ALBERT C 2810 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ag	ent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WANG, YIZHEN 123 IVERNIA LOOP TALLAHASSEE, FL 32312			· 04	100124336904 18/0801010026 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					10/0001010 020 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. Thereby 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 tegal 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 empgyered.

SIGNATURE: X

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGN OFFICER OR DIRECTOR 4/1/08

850 668-5013

Daytime Phone #

ull