

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90066 045 \*\*\*\*61.25

<b>DOCUMENT # N04000012118</b>		
1. Entity Name <b>KISSIMMEE AMERICAN CHINESE CENTER, INC.</b>		
Principal Place of Business <b>5399 W. HIGHWAY 192 KISSIMMEE, FL 34746</b>	Mailing Address <b>5399 W. HIGHWAY 192 KISSIMMEE, FL 34746</b>	



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1548286</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**WU, CHUN-TE ESQ.  
802 EAST COLONIAL DRIVE  
ORLANDO, FL 32803**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	P YOUNG, JULIE 5399 W. HIGHWAY 192 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KHOR, JIN 5399 W. HIGHWAY 192 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LIAO, PAUL 5399 W. HIGHWAY 192 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YAN, PEI DA 5399 W. HIGHWAY 192 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HSU, YU-HSIA 5399 W. HIGHWAY 192 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, JOHNSON 5399 W HIGHWAY 192 KISSIMMEE, FL 34746

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07 (407) 908-1471