2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N04000012118

Entity Name: KISSIMMEE AMERICAN CHINESE CENTER, INC.

Current Principal Place of Business:

5399 W. HIGHWAY 192
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

5399 W. HIGHWAY 192
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 20-1548286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: YOUNG, JULIE
Address: 5399 W. HIGHWAY 192
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete
Name: KHOR, JIN
Address: 5399 W. HIGHWAY 192
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete
Name: LIAO, PAUL
Address: 5399 W. HIGHWAY 192
City-St-Zip: KISSIMMEE, FL 34746

Title: S ( ) Delete
Name: YAN, PEI DA
Address: 5399 W. HIGHWAY 192
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete
Name: HSU, YU-HSIA
Address: 5399 W. HIGHWAY 192
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete
Name: YOUNG, JOHNSON
Address: 5399 W HIGHWAY 192
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE YOUNG P 04/22/2009

Electronic Signature of Signing Officer or Director — Date