

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 16, 2007
Secretary of State**

DOCUMENT# N06000000691

Entity Name: CHINESE ORPHANS CHARITIES CORP..

Current Principal Place of Business:

5475 NE ST JAMES DR
104
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

5475 NE ST JAMES DR
104
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-4193296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCMASTER, WILLIAM M
5475 NE ST JAMES DR
104
PORT ST LUCIE, FL 34983 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: D () Delete
Name: MCMASTER, WILLIAM M
Address: 4179A GATOR TRACE VILLAS CT
City-St-Zip: FT PIERCE, FL 34982

Title: D () Delete
Name: PETTIT, GARY
Address: 1616 FRANCES AVE
City-St-Zip: FT PIERCE, FL 34949

Title: D () Delete
Name: MCMASTER, LING
Address: 4179A GATOR TRACE VILLAS CT
City-St-Zip: FT PIERCE, FL 34982

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM M. MCMASTER

D

02/16/2007

Electronic Signature of Signing Officer or Director

_____ Date