2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 06, 2006 8:00 am Secretary of State DOCUMENT # P01000027112 1. Entity Name 02-06-2006 90069 041 ***150.00 GREEN TEA 168 OF NPR, INC. Principal Place of Business Mailing Address 11832 US HWY 19 NORTH 11832 US HWY 19 NORTH NEW PORT RICHEY, FL 34668 **NEW PORT RICHEY, FL 34668** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3711784 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LI, JI BO Street Address (P.O. Box Number is Not Acceptable) 11832 US HWY 19 NORTH NEW PORT RICHEY, FL 34668 City Zip Code 8. The above named entity subtraits 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE LI, JI BO NAME STREET ADDRESS STREET ADDRESS 11832 US HWY 19 NORTH CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34668 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: \(\)

FILED

#001000027112 ATTACHMENT

a Control number 1		OMB No. 15	545-0008		Visit the IRS wat www.irs.go	
b Employer identification numb	er (EIN)	· ,	1	Wages, tips, other compensation	2 Federal income tax wit	hheld
59-3711784				13200.00		120.00
c Employer's name, address, and ZIP code				Social security wages	4 Social security tax with	
GREEN TEA 168 OF NP	R, INC.			13200.00		818.40
11832 US HWY 19 N			5	Medicare wages and tips 13200.00	6 Medicare tax withheld	191.40
			7	Social security tips	8 Allocated tips	· · · · · · · · · · · · · · · · · · ·
PORT RICHEY	FL	34668				
d Employee's social security no 097-82-7884	ımber		9	Advance EIC payment	10 Dependent care benef	its
e Employee's first name and in	itial Last na	me	11	Nonqualified plans	12a See instructions for bo	× 12
JI BO	LI		13	Statutory Retirement Third-party employee plan sick pay	12b	
11832 US HWY 19 N			14	Other	12c	
PORT RICHEY	FL	34668			12d	
f Employee's address and ZIP		wages, tips, etc.	17 State income tax	491	19 Local income tax 2	O Locality name
15 State Employer's state ID numbe	, 16 State	13200.00	1/ State income tax	18 Local wages, tips, etc.	19 Local income tax 2	Locality name
				<u> </u>		
Form W-2 Wage and T	ax	1.00.00	200	5 Departmen	nt of the Treasury - Internal R	evenue Service

Copy B-To Be Filed with Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-000	This info are requ be impo:	rmation ired to sed or	on is being furnished to the la ofile a tax return, a negligend n you if this income is taxable	nternal Revenue Service. If you be penalty or other sanction may and you fail to report it.
b Employer identification num	ber (EIN)		•	1 V	Vages, tips, other compensation	2 Federal income tax withheld
59-3711784					13200.00	120.0
c Employer's name, address,	and ZIP code			3 8	locial security wages	4 Social security tax withheld
GREEN TEA 168 OF NE	PR, INC.				13200.00	818.4
11832 US HWY 19 N				' 5 N	Medicare wages and tips 13200.00	6 Medicare tax withheld
				7.5	iocial security tips	8 Allocated tips
PORT RICHEY	FL	34668			sour source ups	- Allocated lips
d Employee's social security n	umber			9 A	dvance EIC payment	10 Dependent care benefits
097-82-7884						
e Employee's first name and in	nitial Last na	me		11 N	lonqualified plans	12a See instructions for box 12
JI BO	LI				statutory Retirement Third-party imployee plan sick pay	12b
11832 US HWY 19 N				14 C	Other	12c C
PORT RICHEY	FL	34668				12d
						8
f Employee's address and ZIP	code code					
15 State Employer's state ID numb	er 16 State	wages, tips, etc.	17 State income t	ах	18 Local wages, tips, etc.	19 Local income tax 20 Locality na
FL		13200.00				
1			1			i i

Form W-2 Wage and Tax
Statement
Copy C-For EMPLOYEE'S RECORDS. (See Notice to

2005

DOI 00000 ATTIACHMENT

a Control number	<u> </u>	OMB No. 15	45-0008		Visit the IRS website at www.irs.gov/efile.
b Employer identification num 59-3711784	ber (EIN)		1	Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, GREEN TEA 168 OF N			3	Social security wages 10200	4 Social security tax withheld 632.40
11832 US HWY 19 N	- IX, IIVO.		5	Medicare wages and tips	6 Medicare tax withheld
PORT RICHEY	FL	34668		Social security tips	8 Allocated tips
d Employee's social security r 078-90-7665		<u>.</u>		Advance EIC payment	10 Dependent care benefits
e Employee's first name and is	nitial Last na	me	11	Nonqualified plans	12a See instructions for box 12
LI XING	LI	•	13	Statutory Retirement Third employee plan sick p	perty 12b.
11832 US HWY 19 N			14	Other	12c
PORT RICHEY	FL	34668			12d
f- Employee's address and ZII	ode				
15 State Employer's state ID numb	per 16 State	wages, tips, etc. 10200.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name
Form W-2 Wage and Statement	Tax		500	5 Dep	artment of the Treasury - Internal Revenue Service

Copy B-To Be Filed with Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

a Control number		OMB No. 1545-0008	This info are requ be impo	rmatired sed	tion is being furnished to the l to file a tax return, a negligen on you if this income is taxabl	nternal Revenue Service. If you ce penalty or other sanction may e and you fail to report it.
b Employer identification num	ber (EIN)	1	-		Wages, tips, other compensation	2 Federal income tax withheld
59-3711784		· · · · · · · · · · · · · · · · · · ·	<u> </u>		10200.00	
c Employer's name, address, and ZIP code				3	Social security wages	4 Social security tax withheld
GREEN TEA 168 OF NE	PR, INC.		X.		10200.00	632.40
11832 US HWY 19 N	•	1	, Š	5	Medicare wages and tips . 10200.00	6 Medicare tax withheld 147.90
			1	7	Social security tips	8 Allocated tips
PORT RICHEY	FL	3466 ⁸				
d Employee's social security n	umber			9	Advance EIC payment	10 Dependent care benefits
078-90-7665						
e Employee's first name and in	nitial Last nar	ne		11	Nonqualified plans	12a See instructions for box 12
LI XING	LI			13	Statutory Retirement Third-party employee plan sick pay	0
11832 US HWY 19 N				14	Other	12c
PORT RICHEY	FL	34668				12d
					<i>,</i>	0
f Employee's address and ZIF	code ·			./		
15 State Employer's state ID numb	er 16 State	wages, tips, etc.	7 State income l	ax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name
FL		10200:00				<u> </u>
		-1"				

Wage and Tax

Statement
Copy C-For EMPLOYEE'S RECORDS. (See Notice to

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