## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 11, 2007 8:00 am Secretary of State 05-11-2007 90036 016 \*\*\*150 00 DOCUMENT # P01000052112 1. Entity Name O-MÉI INTERNATIONAL, INC. 40111335 Principal Place of Business Mailing Address 7809 SOUTH HICHWAY 17-92 7000 SOUTH HIGHWAY 17-92 FERN PARK, FL- 32730 FERN PARK, FL -32730 113 East State Road 434 113 East State Road 434 Winter springs FL 32708 winter springs FL swood 04212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1378438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUO, LI 7800 SOUTH HWY: 17-92, STE: 132 DO NOT WRITE FERN PARK, FL-32730 IN THIS SPACE 113 East State Road 434 Springs 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LUO, LI STREET ADDRESS 7800 SOUTH HWY: 17-92: 97F 192 CITY-ST-ZIP FERN PARK, Ft. 32730 Luo, Li 113 East state Road 434 Winter Springs FL 32708 NAME STREET ADDRESS CITY-ST-7IF TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #