


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90464 004 \*\*\*150.00

<b>DOCUMENT # P02000025741</b> 1. Entity Name <b>ORIENT HOUSE, INCORPORATED</b>																																					
Principal Place of Business <b>606 HUNT CLUB BLVD APOPKA, FL 32703</b>			Mailing Address <b>606 HUNT CLUB BLVD APOPKA, FL 32703</b>																																		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																			
City & State  Zip		City & State  Zip		4. FEI Number <b>94-3427255</b> Applied For <input type="checkbox"/> Not Applicable																																	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>LIANG, BRIAN 1226 E. COLONIAL DRIVE SUITE B ORLANDO, FL 32803</b>				7. Name and Address of New Registered Agent Name <b>SUN, JING YING WU</b> Street Address (P.O. Box Number is Not Acceptable) <b>606 HUNT CLUB BLVD</b> City <b>APOPKA</b> <b>FL</b> Zip Code <b>32703</b>																																	
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 <b>Sun Jing Ying Wu</b> <b>4-30-04</b> DATE																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PD SUN, JING YING WU 602 E. AMELIA STREET ORLANDO, FL 32803</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SUN, JING YING WU 602 E. AMELIA STREET ORLANDO, FL 32803</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SUN, JING YING WU 602 E. AMELIA STREET ORLANDO, FL 32803</b> <input type="checkbox"/> Delete																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Sun Jing Ying Wu</b> <b>PRES.</b> <b>4-30-04</b> <b>407-774-1737</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					

**14017447**



04302004 Chg-P CR2E034 (10/03)