2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Jan 26, 2007 08:00 AM
Secretary of State

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1. Entity Name

EASTERN CHINESE RESTAURANT INC.



Principal Place of Business

6615 MAHAN DRIVE SUITE 108 TALLAHASSEE, FL 32308 Mailing Address

%CAAT INC 17 E BROADWAY

NEW YORK, NY 10002



01172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1185298 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOU, QUN 6615 MAHAN DRIVE SUITE 108 TALLAHASSEE, FL 32308

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8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	U00000605656 01/30/07-80045-012 150 00					
10.	OFFICERS AND DIREC	CTORS								
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NAME STREET ADDRESS CITY-ST-ZIP	D YOU, QUN 6615 MAHAN DRIVE SUITE 108 TALLAHASSEE, FL 32308									
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12. I hereby of indicated	ertify that the information supplied with this fi	iling does not qualify for the exe	mptions co ure shall ba	ntained in Chapter 1	19, Florida Statutes. I further certify that the information set as if made under path; that I am an officer or director					

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

You, QUN

17/07

Daytime Phone #