2.

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-15-2007 90040 013 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000046073

1. Entity Name
LIN MING TREE INCORPORATED

Principal Place of Business
1435 E. LAFAYETTE STREET
TALLAHASSEE, FL 32301

Mailing Address
1435 E. LAFAYETTE STREET
TALLAHASSEE, FL 32301

02092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1435 E. LAFAYETTE ST.	1435 E. LAFAYETTE STEET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE FL	City & State: TALLAHASSEE, FL
Zip: 32301 Country: LEON	Zip: 32301 Country: LEON

4. FEI Number: 32-0078221 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE SHUI LIN
1435 E. LAFAYETTE STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☑ Delete
NAME	DE SHUI LIN	
STREET ADDRESS	1435 E. LAFAYETTE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	VD	☑ Delete
NAME	LIN, MEI F	
STREET ADDRESS	1435 E. LAFAYETTE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Change ☑ Addition
NAME	LIN, GUO	
STREET ADDRESS	1435 E. LAFAYETTE. STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	VD	☐ Change ☑ Addition
NAME	DE SHUI LIN	
STREET ADDRESS	1435 E LAFAYETTE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 LIN, GUO 2/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #