

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90011 023 ***150.00

DOCUMENT# P03000049240	
1. EntityName EASTERN CIVILIZATION, INC.	

PrincipalPlaceofBusiness 12606 GRECO DR. ORLANDO, FL 32824 US	MailingAddress 539 N MILLS AVE. ORLANDO, FL 32803 US
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2. PrincipalPlaceofBusiness - No P.O.Box#	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip Country	Zip Country

02222008 Chg-P CR2E034(12/06)

4. FEINumber 16-1664006	AppliedFor NotApplicable
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5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired
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6. NameandAddressofCurrentRegisteredAgent HUANG,CHI 12606GRECODR. ORLANDO,FL32824	7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode
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8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth, intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ (NOTE:RegisteredAgent'ssignatureisrequiredwhenreinstating) DATE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 MayBe AddedtoFees
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10. OFFICERSANDDIRECTORS		11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
TITLE NAME STREETADDRESS CITY-ST-ZIP	P HUANG,CHI 12606GRECODR. ORLANDO,FL32824 ☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	VP GHANG,YANG 12606GRECODR. ORLANDO,FL32824 ☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. Iherbycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallotherlikeempowered.

SIGNATURE:  **02-25-2008** **407-923-7236**
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#