
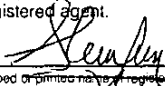
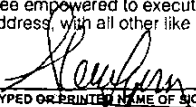


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90012 040 \*\*\*158.75

|   |   |                           |  |  |  |
|---|---|---------------------------|--|--|--|
| <b>DOCUMENT # P03000052458</b>  |   |                           |  |                                       |  |
| <b>1. Entity Name</b><br>THE LOTUS TEAM CORPORATION   |   |                           |  |  |  |
| <b>Principal Place of Business</b><br>2900 NW 108 AVENUE<br>MIAMI, FL 33172   |   |                           | <b>Mailing Address</b><br>2900 NW 108 AVENUE<br>MIAMI, FL 33172  |  |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b> |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.       |  |  |  |
| City & State  |   | City & State              |  |  |  |
| Zip   | Country   | Zip                       | Country  | <b>4. FEI Number</b><br>80-0064605   |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |   |                           |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br>LAU, CHI C MRS.<br>4885 NW 107 PASSAGE<br>MIAMI, FL 33178   |   |                           |  | <b>7. Name and Address of New Registered Agent</b>   |  |
|   |   |                           |  | <b>Name</b> Silvia S. Chang.   |  |
|   |   |                           |  | <b>Street Address (P.O. Box Number is Not Acceptable)</b>  |  |
|   |   |                           |  | 4885 NW 107 Passage  |  |
|   |   |                           |  | <b>City</b> Doral <b>FL</b> <b>Zip Code</b> 33178  |  |
| <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.</b>  |   |                           |  |  |  |
| <b>SIGNATURE</b>  <u>Silvia S. Chang.</u> <u>2/1/06.</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |                           |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be</b><br>Trust Fund Contribution. <b>Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                           |  |  |  |
| <b>TITLE</b><br>P   | <b>NAME</b><br>LAU, CHI C MRS. <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br>P  | <b>NAME</b><br>SILVIA S. Chang <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>4885 NW 107 PASS   | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33178                                     |                           | <b>STREET ADDRESS</b><br>4885 NW 107 Passage   | <b>CITY-ST-ZIP</b><br>Doral, FL 33178  |  |
| <b>TITLE</b><br>VP  | <b>NAME</b><br>EMILY LAU <input type="checkbox"/> Delete                  |                           | <b>TITLE</b><br>VP   | <b>NAME</b><br>EMILY LAU <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |  |
| <b>STREET ADDRESS</b><br>418 San Marino Oaks  | <b>CITY-ST-ZIP</b><br>San Gabriel, CA 91775                               |                           | <b>STREET ADDRESS</b><br>418 San Marino Oaks   | <b>CITY-ST-ZIP</b><br>San Gabriel, CA 91775  |  |
| <b>TITLE</b><br>  | <b>NAME</b><br><input type="checkbox"/> Delete                            |                           | <b>TITLE</b><br>   | <b>NAME</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>  |                           | <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br><input type="checkbox"/> Delete                            |                           | <b>TITLE</b><br>   | <b>NAME</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>  |                           | <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>   |  |
| <b>TITLE</b><br>  | <b>NAME</b><br><input type="checkbox"/> Delete                            |                           | <b>TITLE</b><br>   | <b>NAME</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>  |                           | <b>STREET ADDRESS</b><br>  | <b>CITY-ST-ZIP</b><br>   |  |
| <b>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.</b> |   |                           |  |  |  |
| <b>SIGNATURE:</b>    |   |                           | 2/1/06 (305) 722-0699  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |                           | <small>Date Daytime Phone #</small>  |  |  |