


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90030 010 ***150.00

DOCUMENT # P03000070125 1. Entity Name EAST SUN FASHION, INC.																																							
Principal Place of Business 955 A E. ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701 US		Mailing Address 321 S NORTHLAKE BLVD #2138 ALTAMONTE SPRINGS, FL 32701 US																																					
2. Principal Place of Business - No P.O. Box # 523B Spring Run Ave Suite, Apt. #, etc.		3. Mailing Address 523B Spring Run Ave Suite, Apt. #, etc.																																					
City & State Orlando, FL Zip 32819		City & State Orlando, FL Zip 32819-3337																																					
Country US		Country US																																					
4. FEI Number 60-0001732		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent JUN, MA 321 S NORTHLAKE BLVD #2138 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name TOMMY Ma Street Address (P.O. Box Number is Not Acceptable) 523B Spring Run Ave City Orlando FL Zip Code 32819																																					
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 <u>TOMMY Ma</u> <i>[Signature]</i> DATE <u>1-28-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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%;"> P MA, JUN 321 S NORTHLAKE BLVD., #2138 ALTAMONTE SPRINGS, FL 32701 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MA, JUN 321 S NORTHLAKE BLVD., #2138 ALTAMONTE SPRINGS, FL 32701		<input checked="" 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></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
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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: <u>TOMMY Ma</u> <i>[Signature]</i> 1-28-07 407-760-4809 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																																							