


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90015 018 ***150.00

| | |
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| DOCUMENT # P03000108968 |  |
| 1. Entity Name THE ORFF MUSIC EDUCATIONAL EXCHANGE CENTER OF USA, INC. | |

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|---|---|
| Principal Place of Business 6712 WINDER LYNN LANE ORLANDO, FL 32819 | Mailing Address 6712 WINDER LYNN LANE ORLANDO, FL 32819 |
|---|---|

50001238



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| 2. Principal Place of Business 5333 Lemon Twist Ln | 3. Mailing Address 5333 Lemon Twist Ln |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

02212006 Chg-P CR2E034 (11/05)

| | |
|--------------------------------------|--------------------------------------|
| City & State Windermere FL | City & State Windermere FL |
| Zip 34786 | Country US |
| Zip 34786 | Country US |

| | |
|------------------------------------|--|
| 4. FEI Number 20-0722580 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

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| 6. Name and Address of Current Registered Agent WU, JEFF 6712 WINDER LYNN LANE ORLANDO, FL 32819 |
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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) 5333 Lemon Twist Ln |
| City Windermere FL |
| Zip Code 34786 |

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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

| * 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WU, JEFF 6712 WINDER LYNN LANE ORLANDO, FL 32819 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAN, LIHUA 6712 WINDER LYNN LANE ORLANDO, FL 32819 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSEN, PHILIP 6712 WINDER LYNN LANE ORLANDO, FL 32819 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5333 Lemon Twist Ln Windermere FL 34786 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5333 Lemon Twist Ln Windermere FL 34786 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5333 Lemon Twist Ln Windermere FL 34786 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #