2006 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

UNIT F

3306 CANOE CREEK

ST CLOUD, FL 32769

ANNUAL REPORT **DOCUMENT # P03000132063** SAINT CLOUD PLUM TREE CHINESE RESTAURANT, INCORPORATED

Principal Place of Business

3306 CANOE CREEK

ST CLOUD, FL 32769

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

Country

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

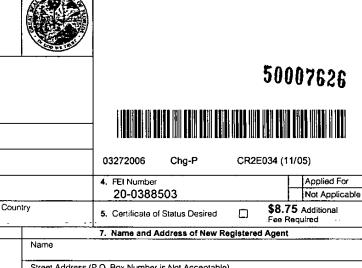
UNIT F



FILED Mar 31, 2006 8:00 am Secretary of State

03-31-2006 90017 025 ***150.00

DATE



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
LAM, FUN	Name	
3306 CANOE CREEK,UNIT F SAINT CLOUD, FL 34772	Street Address (P.O. Box Number is Not Acceptable)	
	City FL Zip Code	
The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent.	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accep	

9. Election Campaign Financing

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NI. MAO SHENG NAME NAME 3306 CANOE CREEK, UNIT F STREET ADDRESS STREET ADDRESS ST CLOUD, FL 32769 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition LAM, FUN NAME NAME 3306 CANOE CREEK # F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34772 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■.Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TIME Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIG	TAN	UR	E:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR