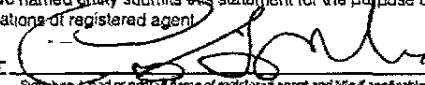
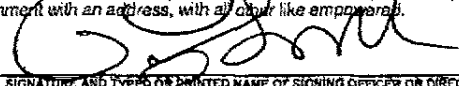


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000028386		
1. Entity Name EASTERN PACIFIC DEVELOPMENT CORPORATION		
Principal Place of Business 4810 MOBILE HWY PENSACOLA, FL 32506		Mailing Address 4810 MOBILE HWY PENSACOLA, FL 32506
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WU, PING LAM 4810 MOBILE HWY PENSACOLA, FL 32506		DO NOT WRITE IN THIS SPACE
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>1-31-07</u> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DV WU, PING LAM 9832 HEATHER DR CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHEUNG, MAN LOK 6030 OTTER PT DR PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHEUNG, JIE YAN 6030 OTTER PT DR PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 empowerments. SIGNATURE:  <u>1-31-07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #		