## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # P04000043811** 1. Entity Name

TIAN YUN, INCORPORATED

**FILED** Feb 28, 2008 08:00 AM **Secretary of State** 

Principal Place of Business 3157 WET & WILD COURT Mailing Address

PO BOX 470693 CELEBRATION, FL 34747

KISSIMMEE, FL 34746



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CR2E034 (11/05) 02112008 No Chg-P 4. FEI Number

20-0830968

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIU, YUNFEI 3157 WET & WILD COURT KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	ourpose of changing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	rf applicable (NOTE Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees	U00000842791 03/11/08-80044-006 150.00

10. OFFICERS AND DIRECTORS PD TITLE NAME LIU, YUNFEI STREET ADDRESS 3157 WET & WILD COURT CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR