


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90009 027 ***150.00

DOCUMENT # P04000110457

1. Entity Name
JADE GARDEN OF ORANGE CITY, INC.



Principal Place of Business
**2486 US HWY 17-92
 ORANGE CITY, FL 32763**

Mailing Address
**895 HOBSON ST
 LONGWOOD, FL 32750**

2. Principal Place of Business - No P.O. Box #
2487 S. Volusia Ave.

3. Mailing Address
2487 S. Volusia Ave.

Suite, Apt. #, etc.



01172008 Chg-P CR2E034 (12/06)

City & State
Orange City, FL

City & State
Orange City, FL

Zip
32763

Country

4. FEI Number
20-1414611

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NGUYEN, NGA
 895 HOBSON ST
 LONGWOOD, FL 32750**

7. Name and Address of New Registered Agent

Name
Kai Lin

Street Address (P.O. Box Number is Not Acceptable)
2487 S. Volusia Ave.

City
Orange City, FL

Zip Code
32763

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 **X Kai L.** (NOTE: Registered Agent signature required when reinstating)

DATE **1/21/08**

**FILE NOW!!! 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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LIN, KAI	
STREET ADDRESS	3278 CRAWFORDVILLE HWY	
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE: **X Kai L.** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date **1/17/08**

Daytime Phone #