

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90011 037 \*\*\*150.00

**DOCUMENT # P04000153704**



1. Entity Name  
**ZEEWE INC.**

Principal Place of Business  
**6748 GIANT OAK LANE APT 170  
ORLANDO, FL 32810**

Mailing Address  
**6748 GIANT OAK LANE APT 170  
ORLANDO, FL 32810**

2. Principal Place of Business  
**2115 Grand Brook Circle**  
Suite, Apt. #, etc.  
**Apt. # 1323B**

3. Mailing Address  
**2115 Grand Brook Circle**  
Suite, Apt. #, etc.  
**Apt. # 1323B**



02192006 Chg-P CR2E034 (11/05)

City & State  
**Orlando, FL**  
Zip  
**32810** Country  
**USA**

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**Orlando, FL**  
Zip  
**32810** Country  
**USA**

4. FEI Number  
**20-1835304** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WEN, SHA**  
**6748 GIANT OAK LANE APT 170**  
**ORLANDO, FL 32810**

**7. Name and Address of New Registered Agent**

Name  
**Sha Wen**  
Street Address (P.O. Box Number is Not Acceptable)  
**2115 Grand Brook Circle, Apt. # 1323B**  
City  
**Orlando** **FL** Zip Code  
**32810**

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 **sha wen**  
Signature, typed or printed name of registered agent and title if applicable.

**02/19/2006**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b> <b>WEN, SHA</b> <b>6748 GIANT OAK LANE APT 170</b> <b>ORLANDO, FL 32810</b>	<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
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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **sha wen, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/19/2006** (321) 297-2368  
Date Daytime Phone #