


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90013 005 ***150.00

DOCUMENT # P05000025170	
1. Entity Name EVERGREEN PROPERTY MANAGEMENT OF USA INC.	

Principal Place of Business 6000 TURKEY LAKE RD SUITE 111 ORLANDO, FL 32819	Mailing Address 6000 TURKEY LAKE RD SUITE 111 ORLANDO, FL 32819
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2. Principal Place of Business 6000 TURKEY LAKE ROAD	3. Mailing Address 6000 TURKEY LAKE ROAD
Suite, Apt. #, etc. 105	Suite, Apt. #, etc. 105
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32819	Country ORANGE

40024011



03012006 Chg-P CR2E034 (11/05)

4. FEI Number 161717879	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent PHAM, PHUONG 12956 MARIBOU CIRCLE ORLANDO, FL 32828	7. Name and Address of New Registered Agent Name RICK PEI-KUN CHEN Street Address (P.O. Box Number is Not Acceptable) 6000 TURKEY LAKE ROAD City STE, 102 City ORLANDO FL Zip Code 32819
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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 *Rick Pei-Kun Chen* DATE 2/6/06
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANG, SUSAN 6000 TURKEY LAKE RD SUITE 111 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHANG, FRANK 6000 TURKEY LAKE RD SUITE 111 ORLANDO, FL 32819 <input type="checkbox"/> Delete	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"/> Delete	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: *[Signature]* DATE 2/6/06 DAYTIME PHONE # (407) 248-8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR