


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P05000029158</b>	
1. Entity Name NEO-HEALTHISM, INC.	

Principal Place of Business 2909 DEAN RIDGE RD. ORLANDO, FL 32825 US	Mailing Address 2909 DEAN RIDGE RD. ORLANDO, FL 32825 US
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2399703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TSAI, HSIU-LUNG  
2909 DEAN RIDGE RD.  
ORLANDO, FL 32825

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TSAI, HSIU-LUNG 2909 DEAN RIDGE RD. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSAI, CHIA-YU 2909 DEAN RIDGE RD. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TSAI, CHIA-WEI 2909 DEAN RIDGE RD. ORLANDO, FL 32825
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80161-015 150.00

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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: Tsai Hsiu Lung Idon Ming Tsai 4-10-07 (407) 288-8206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #