

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90064 008 ***150.00

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # P05000059758 | | | | | |
| 1. Entity Name SEVEN BLOSSOMS, INCORPORATED | | | | | |
| Principal Place of Business 7932 CANYON LAKE CIRCLE ORLANDO, FL 32835 | | | Mailing Address 7932 CANYON LAKE CIRCLE ORLANDO, FL 32835 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02122007 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 20-2717700 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WU, PAI YU 7932 CANYON LAKE CIRCLE ORLANDO, FL 32835 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable... (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007. Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PD | NAME WU, PAI YU | <input type="checkbox"/> Delete | TITLE VPD | NAME DING, XIANG MEI | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7932 CANYON LAKE CIRCLE | CITY-ST-ZIP ORLANDO, FL 32835 | | STREET ADDRESS 7932 CANYON LAKE CIRCLE | CITY-ST-ZIP ORLANDO, FL 32835 | |
| TITLE VPD | NAME LU, FEI X | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7932 CANYON LAKE CR | CITY-ST-ZIP ORLANDO, FL 32835 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE T | NAME YANG, JING | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7932 CANYON LAKE CIRCLE | CITY-ST-ZIP ORLANDO, FL 32835 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE VPD | NAME DINA, XIANG M | <input checked="" type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7932 CANYON LAKE CT | CITY-ST-ZIP ORLANDO, FL 32835 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE VPD | NAME CHAN, QUAN | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7932 CANYON LAKES CT | CITY-ST-ZIP ORLANDO, FL 32835 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE VPD | NAME NY, CHEN M | <input checked="" type="checkbox"/> Delete | TITLE VPD | NAME WU, CHIEN MING | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7932 CANYON LAKE CR | CITY-ST-ZIP ORLANDO, FL 32835 | | STREET ADDRESS 7932 CANYON LAKE CIRCLE | CITY-ST-ZIP ORLANDO, FL 32835 | |
| 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: | | | 4-27-07 407-592-0545 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |