2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90346 008 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, etc. O4262006 Chg-P CR2E034 (11/05)	lied For Applicable
City & State Country S. Certificate of Status Desired	Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZHAO, AI L 2335 S. WASHINGTON AVENUE TITUSVILLE, FL 32780. 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, the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PLE TITUSVILLE FL 32780. 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, the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PLE TITUSVILLE FL S \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. STREET ADDRESS CITY-S1-ZIP TITUSVILLE, FL 32780 11. STREET ADDRESS CITY-S1-ZIP TITUSVILLE, FL 32780 12. Change	Applicable
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Designed Type Or Printed Name Of Signing OFFICER OR DIRECTOR