2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P05000091124 1. Entity Name 03-01-2006 90022 036 \*\*\*150.00 LMPC INC. Principal Place of Business Mailing Address 4106 WEST LAKE MARY BLVD 4106 WEST LAKE MARY BLVD LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 20-3217313 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAW OFFICES OF CHUN-TE WU, P.L. Street Address (P.O. Box Number is Not Acceptable) 802 E. COLONIAL DRIVE ORLANDO FL 32803 City 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 Signature, typed or presign harnly of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change YAO, EFFIE NAME STREET ADORESS STREET ADDRESS 4106 WEST LAKE MARY BLVD. STE 230 CITY+ST-ZIP LAKE MARY FL 32746 CITY-ST-782 Change ☐ Delete ☐ Addition THE TITLE NAME MALSBY, LI CHENG NAME STREET ADDRESS 4106 WEST LAKE MARY BLVD. STE. 230 STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-7IP ■ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITLE ☐ Delete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 truefee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

NG OFFICER OR DIRECTOR

FILED

Mar 01, 2006 8:00 am