## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Aug 29, 2006 8:00 am Secretary of State DOCUMENT # P05000105655 08-29-2006 90060 001 \*\*\*\*\*8.75 ORIENTAL APPAREL, INCORPORATED 08-29-2006 90060 002 \*\*\*\*\*5.00 08-29-2006 90060 003 \*\*\*550.00 Principal Place of Business Mailing Address 1601 TAYLORWOOD DRIVE 1601 TAYLORWOOD DRIVE PORT ORANGE FL 32128 PORT ORANGE FL 32128 3. Mailing Address 2nd MOORE CR2E034 (4/06) Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YUAN, LING 1601 TAYLORWOOD DRIVE PORT ORANGE FL 32128 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. obligations of registered agent. SIGNATURE : (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Delete TITLE Change Addition YUAN, LING NAME NAME 1601 TAYLORWOOD DRIVE STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32128 CITY-SY-7IP CTTY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DDE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZP THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED**