

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90094 035 ***158.75

DOCUMENT # P05000133618

1. Entity Name

CHINA LOTUS CONSULTING, INC.



Principal Place of Business

P.O. BOX 691706
ORLANDO FL 32869-1706
US

Mailing Address

P.O. BOX 691706
ORLANDO FL 32869-1706
US

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

4. FEI Number 20-3549813

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLOBAL EXPANSION & CONSULTING, LLC
100 SE SECOND STREET
SUITE 2610
MIAMI FL 33131

Name ROBERT ECKENROTH

Street Address (P.O. Box Number is Not Acceptable)

1039 E. HIGHLAND DR.

City LAKELAND

FL

Zip Code 33813

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

Robert M. Eckenroth

(NOTE: Registered Agent signature required when reinstating)

ROBERT M. ECKENROTH, TREASURER JANUARY 28, 2007

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME ECKENROTH, MELANIE ☐ Delete
STREET ADDRESS P.O. BOX 691706
CITY-ST-ZIP ORLANDO FL 32869-1706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ECKENROTH, ROBERT
STREET ADDRESS P.O. BOX 691706
CITY-ST-ZIP ORLANDO FL 32869-1706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ECKENROTH, YVONNE
STREET ADDRESS P.O. BOX 691706
CITY-ST-ZIP ORLANDO FL 32869-1706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Robert M. Eckenroth ROBERT M. ECKENROTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Phone #

1/28/07 (407) 226-6196