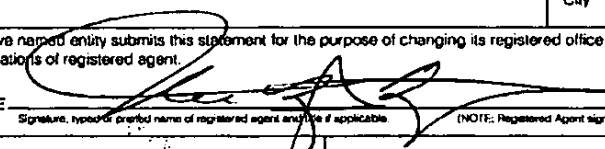
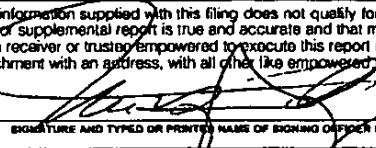


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-14-2007 90080 004 ***150.00

DOCUMENT # P06000106618			
1. Entity Name LIANJEFE DESIGNS CORP			
Principal Place of Business 1330 BALLYSHANNON PKWY ORLANDO, FL 32828		Mailing Address 1330 BALLYSHANNON PKWY ORLANDO, FL 32828	
2. Principal Place of Business - No P.O. Box # 714 Dryden Circle Suite, Apt. #, etc.		3. Mailing Address 714 Dryden Circle Suite, Apt. #, etc.	
City & State Cocoa, FL		City & State Cocoa, FL	
Zip 32926	Country USA	Zip 32926	Country USA
4. FEI Number 20-5387575		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATALAN, FRANCISCO G EA 1168 BALLYSHANNON PKWY ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name MARIE VAZQUEZ Street Address (P.O. Box Number is Not Acceptable) 714 Dryden Circle City Cocoa FL Zip Code 32926	
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  DATE 4/29/07 Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P VAZQUEZ, MARIE D 1330 BALLYSHANNON PKWY ORLANDO, FL 32828 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAZQUEZ, MARIE D ☒ Change ☐ Addition 714 Dryden Circle Cocoa, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 687, 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 4/29/07 (407) 947-7725 Daytime Phone #	