2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State 06-18-2007 90003 046 ***150.00 DOCUMENT # P06000111870 ORLANDO TEA HOUSE, INCORPORATED 40121000 Principal Place of Business Mailing Address 5510 WEST COLONIAL DRIVE 5510 WEST COLONIAL DRIVE **SUITE 108** SUITE 108 ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5080 W. COLONIAL 5080 W. COLINIAL DR Suite, Apt. #, etc. 06142007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For OUND 20-544 ORL Not Applicable \$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 Liu CHEN, YING JIN Street Address (P.O. Box Number is Not Acceptable) 5510 WEST COLONIAL DRIVE **SUITE 108** ORLANDO, FL 32808 W. COLONIAL DKWZ-City 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. 8-14-07 SIGNATURE typed or printed name of registered agent and little if applicable required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE X Delete P. S. T. D. Change TITLE CHEN, YING JIN NAME NAME LIU, ZI YU STREET ADDRESS 5510 W COLONIAL DRIVE, #108 STREET ADDRESS 5080 W. COLONIAL DR. OLLANDO, FC32809 CITY-ST-ZIP ORLANDO, FL 32808 CHY-ST-ZIP TSD TITLE Delete TITLE ☐ Change ☐ Addition CHEN, TIAN YONG NAME NAME STREET ADDRESS 5510 W COLONIAL DRIVE, #108 STREET ADDRESS CITY-ST.7IP ORLANDO, FL 32808 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 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.

L-14-07

Daytime Phone #

FILED Jun 18, 2007 8:00 am