2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000038242

1. Entity Name

FORMOSA GARDENS HOMES, INC.



Principal Place of Business

Mailing Address

7836 WEST IRLO BRONSON HWY KISSIMMEE, FL 34747 US 7836 WEST IRLO BRONSON HWY KISSIMMEE, FL 34747 US

FILED May 08, 2006 08:00 AM Secretary of State



05032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3223376

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEN, GEORGE 7836 WEST IRLO BRONSON HWY KISSIMMEE, FL 34747

SIGNATURE: _\

SIGNATURE AND TYPED OR PRINTED NAME OF

DO NOT WRITE IN THIS SPACE

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 Squature, your or printed name of registered agent and little if adoutcable (NOTE Registered Agent signature reducted when reinstalling). OATE					
Signature, good of printed name of registered agent and life if applicable (NOTE Hegistered Agent sign				required when reinstaling)	DAIF
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finan Trust Fund Contribution				\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, GEORGE 7836 WEST IRLO BRONSON HWY KISSIMMEE, FL 34747				U00000553176 05/18/05-80084-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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 true 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.					