


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90039 005 ***150.00

DOCUMENT # P97000089598 1. Entity Name OCEAN SPRING, INC.					
Principal Place of Business 4120 STAFFORDSHIRE DR LAKELAND, FL 33809			Mailing Address 4120 STAFFORDSHIRE DR #650 LAKELAND, FL 33809		
2. Principal Place of Business		3. Mailing Address 4120 STAFFORDSHIRE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LAKELAND, FL			
Zip	Country	Zip 33809	Country	4. FEI Number 59-3474867	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIANSHYAN, LEE 4120 STAFFORDSHIRE DR LAKELAND, FL 33809			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D LEE, SHIANSHYAN 4120 STAFFORDSHIRE DRIVE LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HSIUNG, CHIH-WEI 2330 MILES COURT LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HSIEN-TSE 4141 STAFFORDSHIRE DRIVE LAKELAND, FL 33809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, HSIEN-TA 201 SOUTH O'BRIEN STREET TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
SIGNATURE: <u>Shian Shyan Lee</u> 1-28-06 797-1284 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					