


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90014 036 \*\*\*150.00

<b>DOCUMENT # P98000031096</b> 1. Entity Name <b>LIN &amp; CHEN ENTERPRISES, INC.</b>					
Principal Place of Business <b>801 ARIETTA CIR N. AUBURNDALE, FL 33823</b>			Mailing Address <b>539 N MILLS AVE ORLANDO, FL 32803</b>		
2. Principal Place of Business <b>13636 Hawkeye Dr.</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State		4. FEI Number <b>59-3505729</b>	
Zip <b>32837</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LIN, LIEN-TE 801 ARIETTA CIRCLE NORTH AUBURNDALE, FL 33823</b>				7. Name and Address of New Registered Agent Name <b>Lin, Lien-Te.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13636 Hawkeye Dr</b> City <b>Orlando, FL</b> Zip Code <b>32837</b>	
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 <i>[Signature]</i> <b>Lin Sin-Te</b> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIN, LIEN-TE <del>801 ARIETTA CIRCLE NORTH AUBURNDALE, FL 33823</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13636 Hawkeye Dr. Orlando, FL 32837</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHEN, YU FEN <del>801 ARIETTA CIRCLE NORTH AUBURNDALE, FL 33823</del>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13636 Hawkeye Dr. Orlando, FL 32837</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <b>Lin Sin-Te</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		