
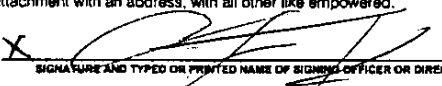


FILED
Jun 11, 2008 8:00 am
Secretary of State

05-20-2008 90005 015 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000080860		
1. Entity Name E. FRIENDLY, INCORPORATED		
Principal Place of Business 5365 SHINGLE CREEK DR. ORLANDO, FL 32821		Mailing Address 5365 SHINGLE CREEK DR. ORLANDO, FL 32821
DO NOT WRITE IN THIS SPACE		
		04182008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3531243
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CHENG, YIH-SHENG 5365 SHINGLE CREEK DR. ORLANDO, FL 32821		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
TITLE	P	
NAME	CHENG, YIH-SHENG	
STREET ADDRESS	7829 ELMSTONE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	VP	
NAME	HUANG, YING-LO	
STREET ADDRESS	7829 ELMSTONE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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>X</u>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		