

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90288 003 ***150.00

DOCUMENT # P99000102571					
1. Entity Name S & P CORPORATION OF BRANDON					
Principal Place of Business 1575 S FT HARRISON AVE CLEARWATER, FL 33756			Mailing Address 1575 S FT HARRISON AVE CLEARWATER, FL 33756		
2. Principal Place of Business 14339 N Dale Mabry Hwy Suite, Apt. #, etc.		3. Mailing Address Same			
City & State Tampa FL		City & State		4. FEI Number 59-3608383	
Zip 33618		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHI, XIAO J 1575 S FT HARRISON AVE CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name: SHI, XIAO J Street Address (P.O. Box Number is Not Acceptable): 14339 N Dale Mabry Hwy City: Tampa FL Zip Code: 33618		
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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: XIAOJING, SHI STREET ADDRESS: 1575 S FT HARRISON AVE CITY-ST-ZIP: CLEARWATER, FL 33756	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		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: XIAO JING SHI 4-22-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					