## 2006 FOR PROFIT CORPORATION

## **FILED** May 10, 2006 8:00 am

NNUAL ANNUAL	ANNUAL REPORT				Secretary of State			
DOCUMENT # S14441  1. Entity Name					90100 022 ***163.7			
WEI TZI REALTY, INC.								
Principal Place of Business Mailing Address				cano	H020			
1142 CELEBRATION AVE CELEBRATION, FL 34747 US				60037829				
2. Principal Place of Business	3. Mailing Address							
2. Fracipal riace of business		1142 Celebration Ave.			ital aldii Bibit Bibit bibit bibit bibi	AMBS IN INCI		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03162	005 Chg-P	CR2E034 (10/03)			
City & State	City & State Celebration, FL			4. FEI Number Applied For 59-3038360 Not Applicable				
Zip Country	Zip 34747	Country	5.0	ificate of Status Desired	\$8.75 Add Fee Require			
6. Name and Address of Current				e and Address of Nev				
Name						}		
LIAU, WEI TZ! 1142 CELEBRATION AVE CELEBRATION, FL 34747		Street Ad	dress (P.O. Box	(P.O. Box Number is Not Acceptable)				
SELEBIO (1014), TE 34741								
4.		City			FL Zip Cod	e		
<ol> <li>The above named entity submits this statement the obligations of registered agent.</li> </ol>	or the purpose of changing its re	egistered office or	egistered agen	, or both, in the State of	Florida. I am familiar with,	and accept		
Liau. Wei Tzi	/ President				4-30-20	006		
SIGNATURE Signature, typed or printed name of registered ager		Registered Agent signatur	e required when reins	sting)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550	9. Election Campaig Trust Fund Contri		\$5.00 May Added to Fed					
10. S. OFFICERS AN	D DIRECTORS	11.		TIONS/CHANGES TO	OFFICERS AND DIRECTOR			
TITLE PD	☐ Delete	TITLE NAME	D. Moi H	Liau Lin	☐ Change	Addition		
STREET ADDRESS 1142 CELEBRATION AVE				elebration	Ave.	}		
CITY-ST-ZIP CELEBRATION, FL 34747				ation, FL	34747			
TITLE	☐ Delete	TITLE '			☐ Change	Addition		
NAME Street Adoress		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	☐ Delete	TITLE NAME			☐ Change	☐ Addition		
NAME STREET ADDRESS		STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	☐ Delete	TITLE			☐ Change	Addition		
NAME STREET ADDRESS		NAME STREET ADDRESS	1					
City-St-Zip		CITY-ST-ZIP						
TITLE	☐ Delete	TITLE	ļ		☐ Change	Addition		
NAME STREET ADDRESS		NAME STREET ADDRESS						
CITY-ST-ZIP		CITY-ST-ZIP						
TITLE	☐ Delete	TITLE			☐ Change	Addition		
NAME		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	}			<u> </u>		
12. I hereby certify that the information supplied vindicated on this report or supplemental repo	with this filing does not qualify for	r the exemption sta	ited in Section 1 have the same le	19.07(3)(i), Florida Statu gal effect as if made ur	ites. I further certify that the	e information er or director		

indicated on this report or supplemental report is true and accurate and that thy signature shall have the same logic character of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statuchanged, or on an attachment with an address, with all other like empowered.

Liau, Wei Tzi / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-566-9478