2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2007 8:00 am **Secretary of State DOCUMENT # S14441** 02-19-2007 90046 038 ***158.75 WEI TZI REALTY, INC. Principal Place of Business Mailing Address 1142 CELEBRATION AVE quuroro 1142 CELEBRATION AVE CELEBRATION, FL 34747 KISSIMMEE, FL 34747 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1142 Celebration Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 02152007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State Celebration, FL 59-3038360 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34747 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIAU, WEI TZI Street Address (P.O. Box Number is Not Acceptable) 1142 CELEBRATION AVE CELEBRATION, FL 34747 Zip Code City 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. Wei TZI LIAU Z-15-2001 SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Addition Change ПΠЕ TIDE LIAU, WEI TZI NAME 1142 CELEBRATION AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP CELEBRATION, FL 34747 ☐ Change TITLE Delete TITLE ■ Addition LIAN LIN, MEI HUEY NAME NAME 1142 CELEBRATION AVE STREET ADDRESS STREET ADDRESS CELEBRATION, FL 34747 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete LIAU LIN, MEI H NAME NAME Liau Lin, Mei Huey STREET ADDRESS 1142 CELEBRATION AVE STREET ADDRESS 1142 Celebration Ave. KISSIMMEE, FL 34747 CITY-ST-ZIP CITY-ST-ZIP Celebration, FL 34747 ☐ Change ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Wei Tzi Paul Liau /President

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED