## **2007 FOR PROFIT CORPORATION**

## **FILED** Jan 22, 2007 08:00 AM

ANNUAL KEPORT				Secretary of State			
1. Entity Nan	MENT # S40672 ALISBURY, P.A.				50	cretary	oi State
Principal Plac	ce of Business	Mailing Address					
2410 ST ANDREWS BLVD 2410 ST ANDREWS BLVD							
SUITE C SUITE C SUITE C PANAMA CITY, FL 32405 US PANAMA CITY, FL 32405 U			JS				
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	AST IN THE REAL PROPERTY OF THE PARTY OF THE	能的人物工作的特殊	特殊的方	5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Re	gistered Agent	Print of the second	And the second s	ich in in	andria d	
SUTIE C	RY, HERB NDRES BLVD CITY, FL 32405			2.4 4.03 60 256 2	NOT W HIS SP		
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							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Ag			ed Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		00 May Be ed to Fees	U00000 01/24/07-	597339 80033-002	150.00
10.	OFFICERS AND DI	RECTORS			Control of the Contro	All the second	Mark that
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALISBURY, HERB 2410 ST ANDREWS BLVD SUITE ( PANAMA CITY, FL 32405	c					
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NAME STREET ADDRESS					Park Town	4-7-1	
CITY-ST-ZIP						2 37/ 31 44	
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CITY-ST-ZIP							Alexander Man
TITLE NAME						The Principal of	2.7000000000000000000000000000000000000
STREET ADDRESS			松克。李紫	ran Translatera			<b>李明成《李德仙》</b>
CITY+ST-ZIP						Market Street	。
TITLE			· · · · · · · · · · · · · · · · · · ·				\$ 5 P. St. St.
NAME STREET ADDRESS					是計學素型		THANK!
CITY-ST-ZIP					The state of the s		· · · · · · · · · · · · · · · · · · ·

12. Thereby certify that the information supplied with this filling 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 impowered 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 applicase, with all pitter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTECTOR

Daytime Phone #