

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S57794

Entity Name: EVERSHINE GROUP, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

8502 N. ARMENIA AVE.
BLDG. #4
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

8502 N ARMENIA DRIVE
BLDG 4
TAMPA, FL 33604 US

New Mailing Address:

8502 N. ARMENIA AVE.
BLDG. #4
TAMPA, FL 33604 US

FEI Number: 59-3070821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIU, ELLEN
14908 EVERSHINE ST
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIU, ELLEN W
Address: 14908 EVERSHINE ST.
City-St-Zip: TAMPA, FL 33624

Title: VP () Delete
Name: LIU, PHILIP J.C.
Address: 14908 EVERSHINE ST
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: LIU, ELLEN W
Address: 14908 EVERSHINE ST
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: EKUAN, VIVIEN L
Address: 2230 ESPERANCA AVE
City-St-Zip: SANTA CLARA, CA 95051

Title: TS () Delete
Name: LIU, TED J.B.
Address: 4045 BALFOUR AVE.
City-St-Zip: OAKLAND, CA 94610

Title: PS () Delete
Name: LIU, ELLEN W
Address: 14908 EVERSHINE ST
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN LIU

PRE.

01/09/2009

Electronic Signature of Signing Officer or Director

Date