2007 FOR PROFIT CORPORATION

Apr 30, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT #V18223 FORMOSA INTERNATIONAL, INC. Principal Place of Business Mailing Address 385 W. FAIRBANKS AVE. 385 W. FAIRBANKS AVE. **SUITE 100** SUITE 100 WINTER PARK, FL 32789 WINTER PARK, FL 32789 US No Chg-P CR2E034 (11/05) 04142007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3109968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHIOW JU CHEN, LIN DO NOT WRITE 504 WINDING CREEK PL LONGWOOD, FL 32779 IN THIS SPACE 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 Agent signature required when reinstating) DATE 000000749910 05/18/07-80042-002 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LIN, SHIOW-JU CHEN NAME STREET ADDRESS 504 WINDING CREEK PL CITY-ST-ZIP LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 approximate 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 pher like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED