


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000115843</b> 1. Entity Name GOLDEN WOK, INC OF LAKE BUNA VISTA	
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Principal Place of Business 11981 S APOPKA VINELAND RD, STE B4 ORLANDO, FL 32836	Mailing Address 11263 KIMMY LN ORLANDO, FL 32836
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UD0000463614  
03/21/06-60083-004 150.00



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3759289	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WANG, SAM  
961 OXFORD DR.  
DAVENPORT, FL 33839

**DO NOT WRITE  
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 X Sam Wang (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANG, SAM 961 OXFORD DR DAVENPORT, FL 33839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANG, SHENG Y 8003 SPRING CREEK DR KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNG, SHIAN JIAN 16204 MAGNOLIA HILL ST CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LO, WENG K 14188 SERENA LAKE DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WU, YIN YI 253 PURSLANE PASS DAVENPORT, FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: X Sam Wang SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #