FILED
Mar 17, 2008 8:00 am
Secretary of State

02-06-2008 90032 024 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030508

1. EntityName
TASTYWOKII,INCORPORATED

PrincipalPlaceofBusiness	MailingAddress
5999 SOUTH POINT BLVD SUITE A3 FT MYERS, FL 33919	5999 SOUTH POINT BLVD SUITE A3 FT MYERS, FL 33919
2. PrincipalPlaceofBusiness - No P.O.Box#	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

66003981

01222008 Chg-P CR2E034(12/06)

4. FEINumber 2000094976 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ $8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

LU,JINCHUN
5999SOUTHPOINTBLVD
#A3
FTMYERS,FL33919

7. NameandAddressofNewRegisteredAgent

Name

StreetAddress (P.O.BoxNumberIsNotAcceptable)

City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,in theStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ______________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ $5.00 MayBe AddedtoFees

10. OFFICERSANDDIRECTORS		11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11	
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD LU,JINCHUN 5999SOUTHPOINTBLVD,#A3 FTMYERS,FL33919 ☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	STD WANG,XIAOYAN 5999SOUTHPOINTBLVD,#A3 FTMYERS,FL33919 ☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallotherlikeempowered.

SIGNATURE: [signature] 2/3/08 239-466-7882
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#