2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058670

Entity Name: CHOPSTICKS HOUSE, INC.

PALM BEACH GARDENS, FL 33410

City-St-Zip:

FILED Apr 29, 2005 Secretary of State

Elluly Na	ille: CHOPSI	ICKS HOUSE, INC.			
Current P	rincipal Place	e of Business:	New Principal Place o	f Business:	
9850 ALT. SUITE 503 PALM BEA		S, FL 33410			
Current N	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
9850 ALT. SUITE 503 PALM BEA		S, FL 33410			
FEI Number	: 65-0619970	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent	: Name and Address of	New Registered Agent:	
LAW, SUS 9850 ALT. SUITE 503 PALM BEA	A1A 3	S, FL 33410 US			
	e named entity e of Florida.	submits this statement for t	he purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered	Agent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LAW, SUSANN 9850 ALTERNA) Delete A K ATE A1A, STE-503 GARDENS, FL 33410	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	LEE, YUN KAN) Delete I NTE AIA, STE 503	Title: (Name: Address:) Change ()Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSANNA VP 04/29/2005