## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 28, 2006 8:00 am Secretary of State **DOCUMENT #411183** 08-28-2006 90001 041 \*\*\*550.00 1. Entity Name CHANG REALTY INC Principal Place of Business Mailing Address LAI KWAN CHANOT C/O YAN YEU CHANG 50026410 360 16TH AVE 360 16TH AVE SAN FRANCISCO, CA 94118 SAN FRANCISCO, CA 94118 2. Principal Place of Business 3. Mailing Address LAI KWAN CHANG Suite, Apt. #, etc. 08222006 Chg-P CR2E034 (11/05) City & State City & State 4. EEI Number Applied For 59-1615251 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent €سهر CHANCT LAIKWAN : CHANG LAI 13751 FLORA PLACE, APT. # D Street Address (P.O. Box Number is Not Acceptable DELRAY BEACH, FL 33484 City Zip Code 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 Fiorida. 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME CHANG, YAU YEU STREET ADDRESS 360 16TH AVE STREET ADDRESS SAN FRANCISCO, CA CITY-ST-ZIF CITY-ST-ZIP TITLE D ☐ Delete ☐ Change ☐ Addition CHANG, LAI KWAN NAME NAME STREET ADDRESS 360 16TH AVE STREET ADDRESS SAN FRANCISCO, CA CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empo

Date

Daytime Phone #

FILED