

FILED
May 23, 2007 8:00 am
Secretary of State

4/2

04-26-2007 90202 003 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F83465
 1. Entity Name
KING OF FANS, INC.



Principal Place of Business
**1951 NW 22ND STREET
 FT. LAUDERDALE, FL 33311**

Mailing Address
**1951 NW 22ND STREET
 FT. LAUDERDALE, FL 33311**

DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2198023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHN C BUCHER
 1951 NW 22 ST
 FT. LAUDERDALE, FL 33311**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

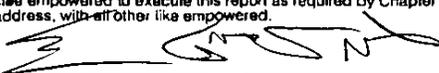
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WU, SHIH TZA 1951 NW 22ND STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCHER, JOHN C 1951 NW 22ND STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WU, TSAI HUI 1951 NW 22ND STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **5/8/07** **954-4847500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #