## 2005 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Apr 23, 2005 08:00 AM Secretary of State DOCUMENT # H41773 1. Entity Name SUN HAI VALLEY ENTERPRISES, INC. Principal Place of Business Mailing Address 2534 PGA BLVD 2534 PGA BLVD PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 No Chg-P 04042005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2527557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAI WAN, SUNG --- DO NOT WRITE 2534 PGA BLVD. PALM BEACH GARDENS, FL 33410 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, typed or printed name of registered agent and tide it applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. .□' After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WAN, SUNG HAI NAME 2534 PGA BLVD. STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410 TITLE NAME U00000325742 04/23/05-80030-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 otiper like empowered.

SIGNATURE:

NAME STREET ADORESS CITY-ST-ZIP

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05 Date

Daytime Phone #