



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90312 023 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # H73861</b><br>1. Entity Name<br><b>OCTOBER CORPORATION</b>   |  |  |  |  |  |
| Principal Place of Business<br><b>2845 N MILITARY TR<br/>WEST PALM BEACH, FL 33409 US</b>  |  |  | Mailing Address<br><b>2845 N MILITARY TR<br/>WEST PALM BEACH, FL 33409 US</b>  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State   |  |  | City & State   |   |  |
| Zip  |  | Country  |  | Zip   |  |
| Country  |  | Country  |  | 03242006 Chg-P CR2E034 (11/05)  |  |
| 4. FEI Number<br><b>59-2581040</b>   |  |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>COOKE, BRIAN J<br/>515 N FLAGLER DR<br/>STE 600<br/>WEST PALM BEACH, FL 33401</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 Florida. I am familiar with, and accept the obligations of registered agent.  |  |  |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>WONG, DOMINIC <input type="checkbox"/> Delete<br>4971 BONSAI CIRCLE, # 201<br>PALM BEACH GARDENS, FL 33418            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VTC<br>LAU, CHI M. <input type="checkbox"/> Delete<br>2685 LAKE HAVEN ROAD<br>WEST PALM BEACH, FL 33415                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>AU-YUENG, YAU <input checked="" type="checkbox"/> Delete<br>2845 N. MILITARY TR., SUITE 11<br>WEST PALM BEACH, FL 33409 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |  |  |  |   |  |
| <b>SIGNATURE:</b>   |  |  | <b>DOMINIC WONG</b>  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | Date <b>4/10/06</b> Daytime Phone <b>(561) 762-4307</b>  |   |  |