2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # J48887 03-17-2006 90137 015 ***150.00 1. Entity Name PEKING CHINESE RESTAURANT, INC. Principal Place of Business Mailing Address 20017586 % JOSEPH K. LEUNG % JOSEPH K. LEUNG 1012 SOUTH US 1 1012 SOUTH US 1 FT PIERCE, FL 34950-5130 FT PIERCE, FL 34950-5130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FFI Number 59-2782857 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEUNG, JOSEPH K. 1012 SOUTH US 1 Street Address (P.O. Box Number is Not Acceptable) FT PIERCE, FL 33450 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 Florida. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition ☐ Defete TITLE LEUNG, JOSEPH K. NAME NAME 1012 SOUTH US 1 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP FT PIERCE, FL CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ШЕ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 empowered. SIGNATURE:

SIGNING OFFICER OR DIRECTOR

FILED

Mar 17, 2006 8:00 am

Daytime Phone #