2007 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** May 02, 2007 08:00 A Secretary of State DOCUMENT # J58548 THE CHEUNG GROUP, INC. Principal Place of Business Mailing Address 19 A N BLVD OF PRESIDENTS P O BOX 581 SARASOTA, FL 34236 US TALLEVAST, FL 34270 US No Chg-P CR2E034 (11/05) 04242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2792069 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHEUNG, TAT KWAI DO NOT WRITE 19 A N BLVD OF THE PRESIDENTS SARASOTA, FL 34236 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 Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPT TITLE CHEUNG, TAT KWAI NAME 19 A N BLVD OF THE PRESIDENTS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236

DVS CHEUNG, FUEY KEREN NAME STREET ADDRESS 19 A N BLVD OF THE PRESIDENTS CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ACCRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

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12. I hereby certify that the information supplied with this filling 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 path; 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.

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NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAT KWAI CHEUNG

4-25-0

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