2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT*# K44565 Apr 28, 2006 08:00 AN 1. Entity Name Secretary of State OCEANWIDE INTERNATIONAL TRADING, INC. Mailing Address Principal Place of Business 1101 E WASHINGTON ST 1101 E WASHINGTON ST **TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (10/05) 1st MOORE 4. FEI Number City & State City & State Applied For 59-2924369 Not Applicable Zip 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 Name WEY, VUN BIN Street Address (P.O. Box Number is Not Acceptable) 1101 E WASHINGTON ST **TAMPA FL 33602** City 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 Lighal tre-typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Change TITLE ☐ Delete THEF WEY, VUN BIN MAME NAME STREET ADDRESS STREET ADDRESS 15158 SPRINGVIEW DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 ☐ Delete TITLE Change Addition TITLE NAME NAME CHENG, CHIN LIEN STREET ADDRESS U00000544782 05/11/06-80050-010 150.00 STREET ADDRESS 15158 SPRINGVIEW DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 THLE Change Addition Delete THLE NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-SI-ZIP TITLE ☐ Defete Change ☐ Addition MAME HAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-SI-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TillE Change ☐ Addition ITTLE 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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplimental 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 his 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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