2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED					
Apr 26, 2005 08:00 AM					
Secretary of State					

1. Entity Nam KINGS-S					
% HSIN TING CHANG % 241 CENTER STREET 2		Mailing Address % HSIN TING CHANG 241 CENTER STREET NAPLES, FL 34108			
DO NOT WRITE IN THIS SPA			CE	03162005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0121106 Applied For Not Applied be 5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					
CHANG, HSIN TING 550 ANCHOR RODE DR 2374 TURNBERRY COURT NAPLES, FL 34109				DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for the clons of registered agent.		ed office or registe ad Agent signature require	ored agent, or both, in the State of Florida. I am familiar with, and accept advention of the state of Florida. I am familiar with, and accept advention of the state of Florida. I am familiar with, and accept agents are stated as a state of Florida. I am familiar with, and accept agents are stated as a state of Florida. I am familiar with, and accept agents are stated as a state of Florida. I am familiar with, and accept agents are stated as a stated agent a	
FILE NOW!!! FRE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be U000000333224 04/26/05-80089-023 150.00	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD CHANG, HSIN TING 2374 TURNBERRY COURT NAPLES, FL 34109 VD CHANG, TONY J. 2374 TURNBERRY COURT NAPLES, FL 34109 STD CHANG, LIN HUEI-YI 2374 TURNBERRY COURT NAPLES, FL 34109	CTORS		DO NOT WRITE	
NAME STREET ADDRESS				IN THIS SPACE	

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

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICIAL OR DIRECTOR

4/30/05-

Daytime Phone #