2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2006 08:00 AM DOCUMENT # P00000016295 **Secretary of State** LUM'S ENTERPRISES, INC. Principal Place of Business Mailing Address 345 COMMERCIAL CT VENICE FL 33292 11764 W SAMPLE RD. STE 101 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 65-0986861 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUM, SHUN PING Street Address (P.O. Box Number is Not Acceptable) 5425 SOUTHERLY WAY SARASOTA FL 34232 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 tamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) CATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TUTE Change Addition 🔲 NAME LUM, SHUN PING NAME U00000485516 04/12/06-80085-022 150.00 STREET ADDRESS 5425 SOUTHERLY WAY STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CISY-ST-ZIP CITY-ST-JIP MLE ☐ Delete ☐ Change Addition 10766 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TETLE Change NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete RITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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 trusteel 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:

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FILED