2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # P0000043335 1. Entity Name KOREAN AMERICAN JOURNAL, INC.				04-27-2007 90180 042 ***150.00				
Principal Place of Business		Mailing Address		• • • • •	51113			
2204 CHEROKEE TR.		2204 CHEROKEE TR.		\$00821na				
VALRICO, FL 33594		VALRICO, FL 33594						
						 	KISSI II ISSI	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212007	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 59-365677	······································	<u> </u>	plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	See Require	litional d	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Add	Iress of New R	·	-	
VI 01110	D * "		Name	Name				
YI, SUNG 2204 CHE VALRIÇO,	ROKEE TR.		Street Address	(P.O. Box Number is Not Acceptable)				
	,		City			FL Zip Cod	8	
	named entity submits this statement ions of registered agent. Sgnaue prod or printed name of registered age		registered office or regist		the State of Flo	orida. I am familiar with,	and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55	9. Election Campai 0.00 Trust Fund Conte		5.00 May Be dded to Fees				
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFF	ICERS AND DIRECTOR	3 IN 11	
THE	D	☐ Delete	TITLE			Change	Addition	
NAME	YI, SUNG P		NAME					
STREET ADORESS	2204 CHEROKEE TR.		STREET ADDRESS					
CITY-S1-ZIP	VALRICO, FL 33594		CITY-ST-ZIP			<u></u>		
HILE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAM(NAMÉ			_ ,		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
HILL		☐ Delete	MLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAMC STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-S1-ZIP					

12. Thereby 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 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:

Daytime Phone #