


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000043395</b>	
1. Entity Name <b>TOP WOK, INC.</b>	

Principal Place of Business <b>TOP WOK INC. 1067 S. DILLARD ST. WINTER GARDEN, FL 34787</b>	Mailing Address <b>TOP WOK INC. 1067 S. DILLARD ST. WINTER GARDEN, FL 34787</b>
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02122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3644829</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LU, MINH TRUNG 1067 S. DILLARD ST. WINTER GARDEN, FL 34787</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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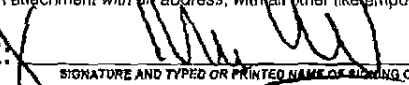
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LU, MINH TRUNG 4856 SPRING RUN AVE. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO SAVAY, RATH THA 4856 SPRING RUN ORLANDO, FL 32819
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03/08/06-80031-021 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: 	2/21/06	(407) 656 6700
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>