FILED 2007 FOR PROFIT CORPORATION Mar 16, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P00000088513** 1. Entity Name SUNG KONG, INC. Mailing Address Principal Place of Business C/O ABC 11211-11215 US HIGHWAY ONE 1535 SE 17TH ST, B206 NORTH PALM BEACH, FL 33408 FORT LAUDERDALE, FL 33316 CR2E034 (11/05) 01262007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1051727 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YIM, CHAN DO NOT WRITE 9063 EAST HIGHLAND PINES BLVD. PALM BEACH GARDENS, FL. 33418 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing U000000669320 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE

03/27/07-80068-003 150.00

Applied For

Not Applicable

YIM, CHAN NAME STREET ADDRESS 9063 E. HIGHLAND PINES BLVD. CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 VPS TITLE CHEUNG, KONG NAME STREET ADDRESS 9063 E. HIGHLAND PINES BLVD. CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR