2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P00000111377 1. Entity Name RED EAST INC. Principal Place of Business Mailing Address 327 IVES DAIRY RD., 327-06 327 IVES DAIRY RD., 327-06 MIAMI, FL 33179 MIAMI, FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 City & State City & State 4. FEI Number Applied For 65-1089505 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANG, KAI TAI Street Address (P.O. Box Number is Not Acceptable) 327 IVES DAIRY RD., 327-06 MIAMI, FL 33179 City 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 familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, PD TITLE Delete TITLE ☐ Change Addition NAME TANG, KAI TAI NAME 04/07/05-80063-008 150.00 STREET ADDRESS 327 IVES DAIRY RD., 327-06 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Changé Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 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 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 attendment with an address, with all other like empowered

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daylime Phone #