2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 07, 2007 08:00 A Secretary of State DOCUMENT # P01000018047 Entity Name PACIFIC PEAK, INC. Principal Place of Business Mailing Address 13633 BRYNWOOD LN 13633 BRYNWOOD LN FT MYERS FL 33912 FT MYERS FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Surte, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1079764 Not Applicable Zip Country 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 WU, WEN JONG Street Address (P.O. Box Number is Not Acceptable) 13633 BRYNWOOD LN FT MYERS FL 33912 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) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete IIILE ☐ Change Addition WU. WEN JONG NAME NAME 13633 BRYNWOOD LN STREET ADORESS STREET ADDRESS U00000762780 FT MYERS FL 33912 CITY-ST-7IP CITY - ST- ZIP THE ☐ Defete TITLE KIANG WU, MAYLENE NAME NAME 13633 BRYNWOOD LN STREET ADDRESS STREET ADORESS FT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY - ST-ZIP HILL ☐ Delete TITLE ☐ Change Addition 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 THE ☐ Delete DHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-S1-ZIP

12. I heroby 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 eath; that I am an officer or director of the corporation or the ecover 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

Davi me Phone #