2008 FOR PROFIT CORPORATION

Feb 27, 2008 08:00 AN **ANNUAL REPORT Secretary of State DOCUMENT # P01000022989** 1. Entity Name AUNG MING KHAUNG ENTERPRISES, INC. Principal Place of Business Mailing Address 13645 TETHERLINE TRAIL 13645 TETHERLINE TRAIL ORLANDO, FL 32837 ORLANDO, FL 32837 CR2E034 (11/05) 02142008 No Chg-P 4. FEI Number Applied For 59-3700182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE 13645 TETHERLINE TRAIL ORLANDO, FL 32837 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 little if applicable (NOTE: Registered Agent suggested abouted when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEE, KAH M NAME STREET ADDRESS 13645 TETHERLINE TRAIL ORLANDO, FL 32837 CITY-ST-ZIP THILE NAME 03/10/08-80003-007 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby 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 all other like empowered

SIGNATURE: /

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED