

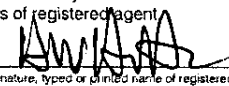
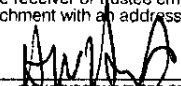


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90059 035 \*\*\*150.00

<b>DOCUMENT # P01000053067</b> 1. Entity Name <b>UKING DISTRIBUTION INC.</b>					
Principal Place of Business <b>1609 CAMERBUR DR ORLANDO, FL 32805</b>			Mailing Address <b>PO BOX 11202 ORLANDO, FL 32803-1202</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02232004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-3725025</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>					
<b>HALBERT, HONG W 3412 CURRY FORD RD ORLANDO, FL 32806</b>					
<b>7. Name and Address of New Registered Agent</b>					
Name <b>Hong W Halbert</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>1609 Camerbur Dr</b>					
City <b>Orlando</b> <b>FL</b> Zip Code <b>32805</b>					
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 <b>3-1-04</b>					
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D    HALBERT, HONG W <input type="checkbox"/> Delete 3412 CURRY FORD RD ORLANDO, FL 32806				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D    HALBERT, HENRY C <input type="checkbox"/> Delete 3412 CURRY FORD RD ORLANDO, FL 32806				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D    WANG, XUANLIE <input checked="" type="checkbox"/> Delete 1616 CAMERBUR DR. ORLANDO, FL 32805				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Halbert, Hong W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2711 E. Michigan St Orlando FL 32806				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Halbert, Henry C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2711 E. Michigan St Orlando FL 32806				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.					
SIGNATURE:  Date <b>3-1-04</b> Daytime Phone # <b>407 616-9892</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					