
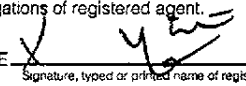
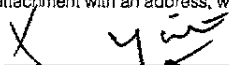


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000058711		
1. Entity Name YANGON ENTERPRISES, INC.		
Principal Place of Business 198 ARORA BLVD # 2804 ORANGE PARK, FL 32073		Mailing Address 539 N MILLS AVE ORLANDO, FL 32803
DO NOT WRITE IN THIS SPACE		
		03272006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3714178
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
U, YE MYINT 198 ARORA BLVD # 2804 ORANGE PARK, FL 32073		DO NOT WRITE 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  (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing -- <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P U, YE MYINT 198 ARORA BLVD # 2804 ORANGE PARK, FL 32073	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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:  (NOTE: Registered Agent signature required when reinstating) DATE _____ Daytime Phone # _____		