


2004 FOR PROFIT CORPORATION ANNUAL REPORT

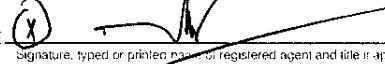
FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90033 022 ***150.00

DOCUMENT # P01000107930		
1. Entity Name PHAN AND WONG, INCORPORATED		
Principal Place of Business 13748 TOWNE PLACE ORLANDO, FL 32837		Mailing Address 5039 ALAVISTA DRIVE ORLANDO, FL 32837
2. Principal Place of Business 13769 S. JOHN YOUNG PKWY Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.	
City & State ORLANDO FL	City & State	
Zip 32837	Country U.S.A	




03082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PHAN TANG 13748 S. JOHN YOUNG PKWY ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13769 S. John Young Pkwy City ORLANDO FL Zip Code 32837	
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 3-8-04			

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TANG, PHAN 5039 ALAVISTA DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAM, JAY 4364 MIDDLE BROOK ROAD ORLANDO, FL 32811 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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 3-8-04 DAYTIME PHONE # 407-888-9910