APPROVED AND FILED

03 AUG 13 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000005003

1. Entity Name
FU KANG, INC.

Principal Place of Business	Mailing Address
3899 ULMERTON RD., BCD CLEARWATER, FL 33762	1921 ORANGE BLVD. WAY PALM HARBOR, FL 34683

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3899 ULMERTON RD. Suite, Apt. #, etc. BCD
City & State	City & State CLEARWATER, FL
Zip / Country	Zip 33762 / Country

4. FEI Number 01-0582639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACCURACY ACCOUNTING SERVICE, INC. 5558 1/2 PARK BLVD. PINELLAS PARK, FL 33781	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KANG, YU ZENG 2035 PHILLIPPE PKWY #145 SAFETY HARBOR, FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KANG, YU ZENG 16321 MUIRFIELD DR. ODESSA, FL 33556	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS KANG, LAN JU 1921 ORANGE BLVD. WAY PALM HARBOR, FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600021788816 07/25/03--01060--001 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS WEN, YU MEI 16321 MUIRFIELD DR. ODESSA, FL 33556	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600021788816 08/11/03--01021--002 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #