2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

Principal Place of Business 13550 REPLECTION PKWY FORT MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # SUITE B FORT MYERS, FL 33919 2. Principal Place of Business - No P.O. Box # Suite Apt. #, etc. Suite, Apt. #, etc. City & State C
Suite, Apt. #, etc. O4072008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For Not Applicate Applied For Not Applicate Applied For Not Applicate Status Desired \$8.75 Additional Fee Required SHIN, KWANG YOUL Street Address of New Registered Agent Street Address of 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 Roida. I am familiar with, and 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 Roida. I am familiar with, and acceptable City FL Zip Code SIGNATURE Signature, lipsed or puelled name of inspirence agent with the obligations of registered agent, or both, in the State of Roida. I am familiar with, and acceptable FILE NOWIII FEE IS \$150.00 S. Election Campaign Financing \$5.00 May Be Added to Fee Will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PDTD Delete ITIE NAME SIRET ADDRESS CITY-ST-2P CAPE CORAL, FL 33914 Change Additional Additiona
City & State Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for lihe purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE Signature, toped or prefer name of registered agent agent and ride if appaicable. INDIF: Registered Agent septetive required when remataring) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Detail Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SHINI, ROO SOON SIRET ADDRESS CITY-ST-ZIP Change Additional City St-Zip Country 5. Certificate of Status Desired Status Desire
Zip Country Zip Country St. 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 SHIN, KWANG YOUL 2938 SW 4TH PL CAPE CORAL, FL 33914 City FL Zip Code 6. 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 Signulue, haved or purited name of registered agent, and life if supulcable. (NOTE Registered Agent signalure included when rematating) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PDTD SHIN, KWANG YOUL SHREET ADDRESS CITY-SI-ZIP CAPE CORAL, FL 33914 TILE VD Detele ITILE VD Detele TILE SHIN, KWANG YOUL SHREET ADDRESS SHIN, KWA SHIN, BOO SOON SHREET ADDRESS SHIN, KWA SHIN, BOO SOON SHREET ADDRESS
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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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

changed, or on an attachment with an address, with all other like empowered.