2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 01, 2006 08:00 Al Secretary of State DOCUMENT # P02000031247 1. Entity Name WONG GROUP, INC. Principal Place of Business Mailing Address 9706 CYPRESS BROOK ROAD 9706 CYPRESS BROOK ROAD TAMPA, FL 33647 TAMPA, FL 33647 07132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0576629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WONG, MICKEY K DO NOT WRITE 9706 CYPRESS BROOK ROAD TAMPA, FL 33647 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorithms required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2000 10. OFFICERS AND DIRECTORS TITLE WONG, MICKEY K NAME STREET ADDRESS 9706 CYPRESS BROOK ROAD TAMPA, FL 33647 CITY-ST-ZIP U00000573060 09/01/06-80013-007 150.00 TITLE WONG, JULITA E NAME 9706 CYPRESS BROOK ROAD STREET ADDRESS TAMPA, FL 33647 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 attachmen

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR

FILED