2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

| Principal Place of Business 2099 HIGHLAND AVE NORTH CLEARWRITER PL 33755 COUNTY 200 COUNTY 2 | DOCUMENT # P02000034726 1. Entity Name DING INVESTMENT INC . | | | | | | 05-04-20 | 004 9011 | 9 022 *** | 150.00 | |
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| 2.099 HIGHLAND AVE NORTH CLEARWATER, FL 33755 3. Mailing Address | Principal Place of Rusiness Mailing Address | | | | | 1 | | 4 E V | .~~ | , | |
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| City & State Country S. Contricted of Status Desired S. Contricted On Status Desired S | 2. Principal Place of Business | | 3. Mailing Address | | | | | Marie Company | | | |
| Zip | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04282004 | Chg-P | CR2E0 | 34 (10/03) | | | |
| SIGNATURE City FL Zip Code | City & State | | City & State | | | | | | | | |
| Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Bo | Zip | Country | Zip Coun | | ry | 5. Certificate | of Status Desired | | | | |
| ZEINE-DING, TAREK 2099 HIGHAND AVE NORTH CLEARWATER, FL 33755 8. The above named ontity 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: City FL Zup Code The obligations of registered agent. The State of Florida. I am familiar with, and accept the obligations of registered agent. The obligations of registered ag | | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New F | Registered / | \gent | | |
| | ZEINI E DIN | IC TAREK | | | Name | | | | | | |
| B. The above named entity submits this statement for the purpose of changing its 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 agent and the 7 applicable (NOTE Registered Agent Signature required when reintating) DATE | 2099 HIGHLAND AVE NORTH | | | Ĭ | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| B. The above named entity submits this statement for the purpose of changing its 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 agent and the 7 applicable (NOTE Registered Agent Signature required when reintating) DATE | | | | L | | | ··· | | | | |
| THE HOUSE Signature of registered agent. Signature Signature Signature of registered registe | | | | | City | City FL Zip Code | | | | | |
| FILE NOW!If FEE IS \$150.00 after May 1, 2004 Fee will be \$550.00 b. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PTSD | | | r the purpose of changing its | registere | d office or registe | ered agent, or bot | h, in the State of Fi | orida. Lam | familiar with, | and accept | |
| ### After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution | SIGNATURE_ | Signature, typed or printed name of registered agent : | and title if applicable. (NOTE | E: Registered | Agent signature require | ed when reinstating) | | DATE | | _ - | |
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| CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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

4/26/04

Daytime Phone #