2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90279 034 ***150.00

DOCUMENT # P02000036535

1. Entity Name



IONTOS				
7832 WEST HIGHWAY 192		Mailing Address 7832 WEST HIGHWAY 19 KISSIMMEE, FL 34747)2	74010483
2. Principal Place of Business 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 42-1536154 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
	HENG YI IIGHWAY 192 EE, FL 34747		Street Ad	ldress (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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD WANG, SHENG YI 7832 WEST HIGHWAY 192 "KISSIMMEE, FL 34747	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WANG, SAM		NAME	
STREET ADDRESS	7832 WEST HIGHWAY 192		STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34747		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 empawered.

SIGNATURE:

SIGNATURE AND DIVED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

407-4651128

Daytime Phone #