## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 01, 2006 08:00 Al Secretary of State DOCUMENT # P02000063235 1. Entity Name MISTER MEI CORPORATION Principal Place of Business Mailing Address 5105 MANATEE AVENUE WEST 5105 MANATEE AVENUE WEST BRADENTON, FL 34209 BRADENTON, FL 34209 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1437832 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MEI, WEI HUA DO NOT WRITE 5105 MANATEE AVENUE WEST BRADENTON, FL 34209 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. Y OM el Mines Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME MEI. WEI HUA 000000557196 05/17/06-80040-018 150.00 STREET ADDRESS 5105 MANATEE AVENUE WEST CITY-ST-ZIP BRADENTON, FL 34209 MING-MOY, FEI NAME STREET ADDRESS 5105 MANATEE AVE W CITY-ST-ZiP BRADENTON, FL 34209 DITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

12. Thereby 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 attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #