2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000063243

YING CHEONG, INC.



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

2176 W. ATLANTIC AVE. DELRAY BEACH, FL 33445 Mailing Address

2176 W. ATLANTIC AVE. DELRAY BEACH, FL 33445



04032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 04-3686806 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEUNG, YING CHEONG

DO NOT WRITE

2176 W. ATLANTIC AVE. DELRAY BEACH, FL 33445				IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	stered office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and trie if	applicable. (NOTE: Regis	stered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY ST-ZIP	P CHEUNG, YING CHEONG 2176 W. ATLANTIC AVE. DELRAY BEACH, FL 33445				U00000749005 05/18/07-80007-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY - SI - ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP						

12. I hereby certify that the information supplied with the 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 or 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 justee 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 with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-07

Daytime Phone #