2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2008 08:00 A Secretary of State **DOCUMENT # P02000069964** GBY UNIVERSE, INC. Principal Place of Business Mailing Address 1820 N ORANGE AVE 1820 N ORANGE AVE ORLANDO, FL 32804 ORLANDO, FL 32804 01082008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-0894675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE CHONG, STEPHEN C. L. 801 N MAGNOLIA AVE, STE 201 IN THIS SPACE ORLANDO, FL 32803 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KIM, SOON H NAME STREET ADDRESS 1820 N ORANGE AVE : ** UQQQQQQQ874113 ORLANDO, FL 32804 CITY-ST-ZIP 04/10/08-80106-004-150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 attachment with any address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND THE OF SHAPINTED NAME OF SIGNING OFFICER OR DIRECTOR

120/00

Daytime Phone #

FILED