


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90022 024 \*\*\*550.00

<b>DOCUMENT # P02000092095</b>	
1. Entity Name <b>GIWON CORPORATION</b>	

Principal Place of Business <b>8001 5521 SOUTH ORANGE BLOSSOM TRAIL K11 ORLANDO, FL 32837 32809</b>	Mailing Address <b>8001 5521 SOUTH ORANGE BLOSSOM TRAIL K11 ORLANDO, FL 32837 32809</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>↑</b>		3. Mailing Address Suite, Apt. #, etc. <b>↑</b>	
City & State		City & State	
Zip	Country	Zip	Country

	
07162007 Chg-P	CR2E034 (12/06)
4. FEI Number <b>01-0744430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SUH, KWANG SUK 7025 HIAWASSEE OVERLOOK DR ORLANDO, FL 32835</b>	
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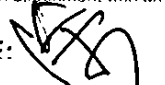
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <small>(NOTE: Registered Agent signature required when re-stating)</small>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS SUH, KWANG SUK 6966 DOLCE STREET ORLANDO, FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this 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 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.	
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**SIGNATURE:**  **Kwang Suk Suh, pkes, 7-16-07**