2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State
06-24-2005 90001 021 ***150.00

DOCUMENT # P02000097095

1. Entity Name
YAUNGCHI OO INC.

Principal Place of Business	Mailing Address
35111 HARBOUR VISTA CIR. SAINT AUGUSTINE, FL 32080	35111 HARBOUR VISTA CIR. SAINT AUGUSTINE, FL 32080

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2001 W Lymington Way	2001 W Lymington Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. Augustine, FL	City & State: St. Augustine, FL
Zip: 32804 Country: US	Zip: 32804 Country: US

4. FEI Number: 33-0694764 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KHIN, NWE OO
35111 HARBOUR VISTA
SAINT AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent
Name: KHIN, NWE OO
Street Address (P.O. Box Number is Not Acceptable): 2001 W Lymington Way
City: St. Augustine FL Zip Code: 32804

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 X
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	NWE OO, KHIN		NAME	
STREET ADDRESS	35111 HARBOUR VISTA CIR.		STREET ADDRESS	2001 W. Lymington. Way
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	St Augustine, FL 32804
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #