2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000118806

FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90131 024 ***150.00

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1. Entity Name GIN HONG CORPORATION						04-14-2000 90)131 024	130.0	, ,
Principal Place 9518 ARGYLE FOREST BLVI JACKSONVILL	E D C-13	Mailing Address 9518 ARGYLE FOREST BLVD C-13 JACKSONVILLE, FL 32222							
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			03312006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State			4. FEI Numbe 16-165			<u> </u>	plied For t Applicable
Zip	Country	Zip	Coun	ntry	<u> </u>	of Status Desired	ع ليا	8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent		None	7. Name and	Address of New R	egistered A	gent	
ZHENG H	ENDV H			Name					
ZHENG, HENRY H 1450 CEDAR GROVE TERRACE ORANGE PARK, FL 32003				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	· · · · · · · · · · · · · · · · · · ·
8. The above named entity submits this statement for the purpose of changing its registered affice 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTORS	3 IN 11
TITLE	PD	☐ Delete	TITU	1				Change	Addition
NAME	ZHENG, HENRY H	_	NAM						
STREET ADDRESS CITY-ST-ZIP	0RANGE PARK, FL 32003	<u> </u>		EET ADDRESS '-ST-ZIP					
TITLE		☐ Delete	TITU					Change	☐ Addition
NAME			NAM	-					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE		☐ Delete	TITU					Change	Addition
NAME	-	L Delete	NAM	1				Ondings	
STREET ADDRESS			STRI	EET ADDRESS					
CITY-ST-ZIP			CITY	/-ST-ZIP					
TITLE		☐ Delete	TITL					Change	Addition
NAME			NAM	-					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS 7-ST-ZIP					
TITLE		☐ Delete	TITL					☐ Change	☐ Addition
NAME		₽ Delete	NAM					ondingo	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	r-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME			NAM						
STREET ADDRESS : CITY-ST-ZIP				EET ADDRESS /-ST-ZIP					
	partify that the information available with	this filing does not availe.			d in Chapter 110	Florida Statutas 1	further cont	fu that the i-	formation
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.

SIGNATURE:

1/		
SIGNATURE AND TY	PED OR PR	NTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-06