2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 25, 2006 8:00 am **DOCUMENT # P02000118844 Secretary of State** 1. Entity Name LUCKY 68 INC. 01-25-2006 90031 021 ***150.00 Principal Place of Business Mailing Address 3630 MARJEAN 3630 MARJEAN 40000000 PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 30-0128553 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUA, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 4306 N DAVIS HWY PENSACOLA, FL 32503 City Zip Code 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 title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10: P TT[LE' ☐ Delete TITLE ☐ Change ☐ Addition NAME HUA, WILLIAM NAME 3630 MARJEAN STREET ADDRESS STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32504 CITY-ST-7IP ST TITLE ☐ Delete TITLE Change ☐ Addition HUA, KHIET NAME NAME STREET ADDRESS 3630 MARJEAN STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition TITLE 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 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 faport 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 trusted 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 appears in the information of the corporation or the receiver or trusted empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1/23/06 80-434-2289