


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90293 044 \*\*\*150.00

DOCUMENT # P02000128835  
 1. Entity Name  
**KANG FINANCIAL CORP.**



Principal Place of Business Mailing Address  
**9020 AIRPORT BLVD. LEESBURG, FL 34788** **9020 AIRPORT BLVD. LEESBURG, FL 34788**

**50050857**

2. Principal Place of Business 3. Mailing Address  
**2050 US HWY 441** **2050 US HWY 441**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



05022005 Chg-P CR2E034 (10/03)

City & State **TAVARES, FL** City & State **TAVARES, FL**  
 Zip **32778** Country **USA** Zip Country

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KANG, MATTHEW**  
**9020 AIRPORT BLVD**  
**LEESBURG, FL 34788**

7. Name and Address of New Registered Agent  
 Name  
 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/C</b> <b>KANG, MATTHEW S P/C</b> <b>9020 AIRPORT BLVD, FL 34788</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, C, S, T</b> <b>KANG, MATTHEW S</b> <b>12423 US HWY 441</b> <b>TAVARES, FL 32778</b> <input checked="" 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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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: *Matthew S. Kang* **5/1/05** **888-438-5264**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #