2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2006 08:00 AM Secretary of State DOCUMENT # P03000009333 1. Entity Name FENG YU, INC. Principal Place of Business Mailing Address 8201 S. TIAMIAMI TRAIL #AF-8 8201 S. TIAMIAMI TRAIL SARASOTA FL 34238 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 30-0146689 Not Applicable 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 CHOU, FENG-YU Street Address (P.O. Box Number is Not Acceptable) 8201 S. TIAMIAMI TRAIL #AF-8 SARASOTA FL 34238 City Zìp 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. (NOTE Registoren Agent signature required when teinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TIDE TITLE ☐ Change ☐ Addition NAME CHOU, FENG-YU NAME STREET ADDRESS 8201 S. TIAMIAMI TRAIL, #AF-B STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 30**አ**ንአንን MAME U00000548771 STREET ADDRESS STREET ADDRESS 05/12/06-80077-008 150.00 City-St-Zip CITY-ST-ZIP SITLE Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-IP TITLE ☐ Detete ☐ Addition MLE ☐ Change NAME. NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete MLE ☐ Change ☐ Addition NAME MAME STREET ADORESS STREET ACCRESS CITY - ST-ZIP C) FY-ST-ZIP TITLE. ☐ Datete TOTLE ■ Addillon Change NAME NAME STREET ADDRESS STREET ADDRESS DTY-57-7/P CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Stock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 94/9077437

FILED