## 2006 FOR PROFIT CORPORATION

## **FILED** Feb 17, 2006 08:00 AM

ANNUAL REPURI				_	Secretary of State			
DOCUMENT # P03000022457					Sec	cretary	oi State	
1. Entity Name SUNNY MARKET TRADING, INC.								
GOIVIN I	PARKET TRADING, INC.							
Principal Plac	e at Business M	lailing Address		7				
13533 EYAS		13533 EYAS RD						
ORLANDO, F	L 32837	DRLANDO, FL 32837						
				}	BB3BB   333  BB131  \$1	BII) BB3H BB3/B HB3# IIAA	BIBBS BIRN SABIBBI NESBBI	
	·	 र	7.0	02172006	No Chg-l	P CR2E03	4 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	.Df		Applied For	
{				51-044			Not Applicable	
1		<del> </del>		5. Certificate	of Status Desi		8.75 Additional ee Reguired	
	6. Name and Address of Current Regi	stered Agent	7	1	<del></del>		ee Reduieo	
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LIU, CHEN XI 13533 EYAS RD				DO	NOT	WRITE		
ORLANDO, FL 32837				in '	THIC	SPACE		
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}						in the second	7. A.	
	named entity submits this statement for the tions of registered agent.	purpose of changing its registe	red office or registe	red agent, or bo	oth, in the State	of Florida. I am fa	miliar with, and accept	
line conga	and a registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and titl	e il epplicable. (NOTE Register	red Agent signature require	d when reinstating)		DATE		
					1			
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be ded to Fees				
10.	OFFICERS AND DIRE	CTORS	<b>1</b> · ·		<b></b>			
TITLE	DV		1				erer -	
NAME STREET ADDRESS	LIU, CHENXI 13533 EYAS RD						· ===	
CITY-ST-ZIP	ORLANDO, FL 32837							
TITLE	DP		_ <b>.</b>			78 T 4	e e e e e e e e e e e e e e e e e e e	
NAME SIREET ADDRESS	ZHOU, YUE JUN 13533 EYAS RD							
CITY-ST-ZIP	ORLANDO, FL 32837		-				<u> </u>	
THE					{ H, N	1000438639	,	
NAME STREET ADDRESS					03/01/	/05-80022 <u>-</u>	024 150.00	
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NAME.	}		1	11.4		UIAUL		
STREET ADDRESS GITY-ST-ZIP			·					
TITLE			1					
NAME	<b>}</b>		1		÷			
STREET ADDRESS CITY-ST-ZIP	{		1777.3		T.			

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 report is true and accurate and that my signature shall have the same legal effect as if made under path; that it em 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:

TST<u>SE</u> NAME STREET ADDRESS CITY-ST-ZIP

PEC OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

407-491-216