## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

## Feb 19, 2008 8:00 am Secretary of State **DOCUMENT # P03000045508** 02-19-2008 90022 023 \*\*\*150.00 ASIAN HOUSE RESTAURANT, INC. Principal Place of Business Mailing Address **407 CHENEY HWY 407 CHENEY HWY** TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 13-4248007 Not Applicable Żip 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 BI LING CHAN, FENG, YI HUANG Street Address (P.O. Box Number is Not Acceptable) **407 CHENEY HWY** TITUSVILLE, FL 32780 407 CHENEY HWY 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE I\$ \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PT TITLE ☐ Defete TITI F Addition HUANG, FENGYI FENG. YI HUANG NAME NAME **407 CHENEY HWY** STREET ADDRESS STREET ADDRESS 407 CHENEY HWY TITUSVILLE, FL 32780 CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP VS ☐ Addition ☐ Delete TITLE Change Prosident BI LING, CHAN CHAN, BILING STREET ADDRESS **407 CHENEY HWY** STREET ADDRESS 407 CHENEY HWY TITUSVILLE, FLID CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP Delete ☐ Change Addition 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 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

BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED