2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2006 8:00 am Secretary of State DOCUMENT # P03000049127 -05-03-2006 90197 040 ***150.00 1. Entity Name DDC SERVICES, INC. Principal Place of Business Mailing Address 4708 FORT BRAVO CT. 4708 FORT BRAVO CT. ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address 4706 Fort Bravo 11708 Fort Bravo ct ct Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 11-3688553 Orlan d Orlando Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7 28 22 U.S.A. 4.5A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mama JUNG, WOO CHUL Street Address (P.O. Box Number is Not Acceptable) 4708 FORT BRAVO CT. ORLANDO FL 32822 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. Apr. 19.06. (NOTE: Registared Agent signature required when reinstating) 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition THUE ☐ Delete Change JUNG, WOO CHUL NAME STREET ADDRESS STREET ADDRESS 4708 FORT BRAVO CT. CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 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

President Apr. 19.06. 407-381-1619

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

SIGNATURE:

FILED