2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empower

Feb 26, 2005 08:00 AM Secretary of State **DOCUMENT # P03000055433** 1. Entity Name SUPER OCTOPUS, INC. Principal Place of Business Mailing Address 3932 HERON RIDGE LANE 3932 HERON RIDGE LANE WESTON, FL 33331 US WESTON, FL 33331 CR2E034 (10/03) 02052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2361308 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TANG, STANLEY DO NOT WRITE 3932 HERON RIDGE LANE WESTON, FL 33331 IN THIS SPACE 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 acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose o the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PDST TITLE NAME TANG, STANLEY U00000245396 STREET ADDRESS 3932 HERON RIDGE LANE 02/28/05-80024-011 150.00 WESTON, FL 33331 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS

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

FILED