

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 19, 2006 8:00 am
Secretary of State**

04-19-2006 90111 038 ***150.00

DOCUMENT # P03000073110



1. Entity Name
YOON'S SUMMIT, INC.

Principal Place of Business
617 E. INTERNATIONALSPEEDWAY BLVD.
DAYTONA BEACH, FL 32118 US

Mailing Address
617 E. INTERNATIONALSPEEDWAY BLVD.
DAYTONA BEACH, FL 32118 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0522514	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, CHONG Y
30 BLACKCREEK WAY
ORMOND BEACH, FL 32174

Name *Park, Yoon Soo*

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *Apr. 16 2006*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME PARK, YOON SOO
STREET ADDRESS 30 BLACKCREEK WAY
CITY-ST-ZIP ORMOND BEACH, FL 32174

Delete

TITLE VD
NAME LEE, CHONG Y
STREET ADDRESS 30 BLACKCREEK WAY
CITY-ST-ZIP ORMOND BEACH, FL 32174

Delete

TITLE SD
NAME PARK, JEONG S
STREET ADDRESS 30 BLACKCREEK WAY
CITY-ST-ZIP ORMOND BEACH, FL 32174

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr. 16 2006