

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073110

Entity Name: YOON'S SUMMIT, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

D/B/A PATCHES REST
404 N. US HWY #1
ORMOND BEACH, FL 32174 US

Current Mailing Address:

D/B/A PATCHES REST
404 N. US HWY #1
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

D/B/A PATCHES REST
403 N. US HWY #1
ORMOND BEACH, FL 32174 US

New Mailing Address:

D/B/A PATCHES REST
403 N. US HWY #1
ORMOND BEACH, FL 32174 US

FEI Number: 03-0522514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARK, YOON SOO
30 BLACKCREEK WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

PARK, YOON SOO
193 TARRACINA WAY
DAYTONA BEACH, FL 32117 US

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.

SIGNATURE: MI AE LEE

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PARK, YOON SOO
Address: 30 BLACKCREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: S () Delete
Name: LEE, CHIANG H
Address: 1 LAKEWOOD PARK DR
City-St-Zip: ORMOND BEACH, FL 321745149

Title: VP () Delete
Name: LEE, MI AE
Address: 1 LAKEWOOD PARK DR
City-St-Zip: ORMOND BEACH, FL 321745149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PARK, YOON SOO
Address: 193 TARRACINA WAY
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: S (X) Change () Addition
Name: LEE, CHIANG H
Address: 193 TARRACINA WAY
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VP (X) Change () Addition
Name: LEE, MI AE
Address: 193 TARRACINA WAY
City-St-Zip: DAYTONA BEACH, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MI AE LEE

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date