2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2006 08:00 AN DOCUMENT # P03000079341 **Secretary of State** 1. Entity Nafine HOT WOK INC Mailing Address Principal Place of Business 3535 SE MARICAMP ROAD 3535 SE MARICAMP ROAD SUITE #900 SUITE #900 OCALA, FL 34470 OCALA, FL 34470 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3100692 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TSENG, AI H DO NOT WRITE 1110 NE 22ND AVENUE -OCALA, FL 34470 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 accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 11000000477248 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 04/06/06-80044-018 150.00 OFFICERS AND DIRECTORS 10. TITLE TSENG, AI H NAME 1110 NE 22ND AVENUE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34470 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 air other like empowered.

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-06.

(352) -694-3529

FILED