2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000080150

1. Entity Name
JINHIEE'S, INC.

Principal Place of Business	Mailing Address
9680 BOGGY CREEK RD STE 6 ORLANDO, FL 32824 US	9680 BOGGY CREEK RD STE 6 ORLANDO, FL 32824 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04142006   Chg-P   CR2E034 (11/05)

4. FEI Number 75-3124455   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARK, JINHIEE PRES.
5237 HAMMOCK CIRCLE
ST CLOUD, FL 34771

7. Name and Address of New Registered Agent

Name _Reynaldo A. Maldonado_

Street Address (P.O. Box Number is Not Acceptable) _2224 Turmeric Ave_

City _Orlando_   FL   Zip Code _32837_

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 _Reynaldo A. Maldonado_   DATE _4/14/06_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME PARK, JINHIEE STREET ADDRESS 5237 HAMMOCK CIRCLE CITY-ST-ZIP ST. CLOUD, FL 34771 ☐ Delete	TITLE _President_ NAME _Reynaldo A. Maldonado_ STREET ADDRESS _2224 Turmeric Ave_ CITY-ST-ZIP _Orlando, Florida 32837_ ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE _Secretary_ NAME _Kyung Hwa Chang_ STREET ADDRESS CITY-ST-ZIP ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE _Director_ NAME _Won Bin Lim_ STREET ADDRESS CITY-ST-ZIP ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE _Treasurer_ NAME _Sun Duk Park_ STREET ADDRESS CITY-ST-ZIP ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	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: _Reynaldo A. Maldonado_   Date _4/14/06_   Daytime Phone # _(407) 816-8885_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reynaldo A. Maldonado