2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 2

SIGNATURE AND TYPED OR SHIPTED NAME OF SIGNING OPENER OR DIRECTOR

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # P03000097620** 04-22-2004 90012 042 ***150.00 SUNSHINE COAST INTERNATIONAL COMPANY Principal Place of Business Mailing Address 3601 VINELAND ROAD 539 N MILLS AVE SUITE NOS 11&12 ORLANDO, FL 32803 ORLANDO, FL 32801 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 Chg-P CR2E034 (10/03) Applied Fo City & State City & State 4. FEI Number 20-0201670 Not Applica Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANG, HUI Street Address (P.O. Box Number is Not Acceptable) 3601 VINELAND ROAD **SUITE NOS 11&12** ORLANDO, FL 32801 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 acc the obligations of registered agent. red agent and title if applical (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Adc TITLE ☐ Delete NAME YANG, HUI NAME STREET ADDRESS 3601 VINELAND ROAD, SUITE NOS 11&12 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ☐ Adc TITLE Delete TITI F ☐ Change NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _ 🔲 Delete_ TITLE ☐ Change ☐ Adc NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Adc TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Adc NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Adc NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

FILED

Date

Daytime Phone #