


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90203 029 \*\*\*150.00

**DOCUMENT # P03000098650**

1. Entity Name  
**MYONG OF LADY LAKE, INC**



Principal Place of Business      Mailing Address

**1000 BICHARA BLVD**      **108 SPRING ARBON LN**  
**THE VILLAGE, FL 32159**      **THE VILLAGE, FL 32159**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02092007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**65-1203144**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SUN AN, MYONG**  
**108 SPRING ARBON LN**  
**THE VILLAGE, FL 32159**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_

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, 2007 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       Delete

NAME      **PTD**

STREET ADDRESS      **SUN AN, MYONG**

CITY - ST - ZIP      **108 SPRING ARBON LN**  
**THE VILLAGE, FL 32159**

TITLE       Change       Addition

NAME      **PTD**

STREET ADDRESS      **AN, Myong Sun**

CITY - ST - ZIP      **108 Spring Arbor Ln**  
**The Village, FL 32159**

TITLE       Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Change       Addition

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CITY - ST - ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Change       Addition

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 all other like empowered.

SIGNATURE: \_\_\_\_\_ **4-18-07** (352) 750-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #