2006 FOR PROFIT CORPORATION

May 02, 2006 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT # P03000153393 1. Entity Name ANGKOR II CORPORATED 化氯酚镁医铁矿 排放 Principal Place of Business Mailing Address 1650 SAN PABLO RD S 1650 SAN PABLO RD S SUITE 14 SUITE 14 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 CR2E034 (11/05) 04292006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2135557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KEO, VAN THY DO NOT WRITE 7457-15 103RD ST JACKSONVILLE, FL 32210 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) TATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KEO, VAN THY NAME 7457-15 103RD ST STREET ADDRESS U00000558568 CITY-ST-ZIP JACKSONVILLE, FL 32210 05/17/06-80098-021 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME 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 path, 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.

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SIGNATURE	-	ж	t i	11	_	N	17	-	

TITLE NAME STREET ADDRESS CITY-ST-ZIP



VAN T KEO

04-29-2006

(904) 221-2523

Daytime Phone #

FILED