

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000025242

1. Entity Name
SHING CHEONG TRADING, INC.



Principal Place of Business
3944 WATerview LOOP
WINTER PARK, FL 32792

Mailing Address

3944 WATerview LOOP
WINTER PARK, FL 32792

2. Principal Place of Business - No P.O. Box #
6971 KENMURE DR

Suite, Apt. #, etc.

3. Mailing Address

6971 KENMURE DR

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

32765

Country

2S

Zip

32765

Country

2S

6. Name and Address of Current Registered Agent

LEONG, PAK ON
3944 WATerview LOOP
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name

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

6971 KENMURE DR

City

OVIEDO

FL

Zip Code
32765

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)

3-15-07

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP | P LEONG, PAK ON 3944 WATerview LOOP WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6971 KENMURE DR OVIEDO, FL 32765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CHAN, SUI YIN 3944 WATerview LOOP WINTER PARK, FL 32792 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6971 KENMURE DR OVIEDO, FL 32765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Leong Pak On*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07

Date

Daytime Phone #

**FILED
Mar 19, 2007 8:00 am
Secretary of State**

03-19-2007 90074 009 ***150.00

40038068



03142007 Chg-P CR2E034 (12/06)