2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000060271

FILED Jan 19, 2007 8:00 am Secretary of State

01-19-2007 90038 032 ***150.00

BLUE-SK		NATIONAL TRAD	ING, II	NCORPORATE	D						
Principal Place of Business MORU HUANG 4381 CONROY CLUB DRIVE, FL 32835				Mailing Address MORU HUANG 4381 CONROY CLUB DRIVE, FL 32835				60003869			
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01162007	' Chg-P	CR2E	034 (12/06)	
City & State			City & State				4. FEI Num 20-09	ber 75763		\ 	pplied For ot Applicable
Zip Country			Zij	>	try		te of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Curren	t Registe	red Agent			7. Name a	nd Address of New F	Registered	Agent	
HUANG, MORU 4381 CONROY CLUB DRIVE ORLANDO, FL 32835						Name Street Address (P.O. Box Number is Not Acceptable)					
5≽1						City		FL Zip Code			
SIGNATURE_	tions of regist	or printed name of registered age	nt and title if a				equired when reinstating)		DATE		
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$550		9. Election Campa Trust Fund Cont	ribution.		\$5.00 May Be Added to Fees			···	
10.		OFFICERS AN	D DIRECT	ORS	11.		ADDITION	S/CHANGES TO OFF	FICERS AN	ND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	!	MORU NROY CLUB DRIVE O, FL 32835		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition
TITLE				☐ Delete	TITL					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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MORN ACTION SIGNATURE AND TYPED OF PROSTED HAME OF SIGNING OFFICER OR DIRECTOR

407-648-886