2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P04000072482

Entity Name: SINODAY HEALTH, INC.

Current Principal Place of Business:

4100 NE 2ND AVE
SUITE 218
MIAMI, FL 33137 US

New Principal Place of Business:

4100 NE 2ND AVE
SUITE318
MIAMI, FL 33137 US

Current Mailing Address:

4100 NE 2ND AVE
SUITE 218
MIAMI, FL 33137 US

New Mailing Address:

4100 NE 2ND AVE
SUITE 318
MIAMI, FL 33137 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, CHIEN
4100 NE 2ND AVE
SUITE 218
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

LEE, CHIEN
4100 NE 2ND AVE
SUITE 318
MIAMI, FL 33137 US

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.

SIGNATURE: 04/28/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HE, BOQUAN
Address: 4100 NE 2ND AVE SUITE 218
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HE, BOQUAN
Address: 4100 NE 2ND AVE SUITE 318
City-St-Zip: MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHIEN LEE R 04/28/2006
Electronic Signature of Signing Officer or Director — Date