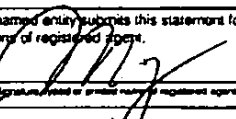


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
4/13/2007-90169-027-\$150.00-\$150.00 *
4/30/2007-90169-028-\$150.00-\$150.00

DOCUMENT # P04000073438				
1. Entity Name SUMMER PALACE CHINESE RESTAURANT, INCORPORATED				
Principal Place of Business 1162 CARMEL CIRCLE SUITE 310 CASSELBERRY, FL 32707			Mailing Address 1162 CARMEL CIRCLE SUITE 310 CASSELBERRY, FL 32707	
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	
			04062007 Chg-P CR2E034 (12/06)	
			4. FEI Number 20-1085102	
			Applied For Not Applicable	
			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MAN, KWOK KEUNG 1162 CARMEL CIRCLE SUITE 310 CASSELBERRY, FL 32707			Name XXXXXXXXXX	
			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  4-11-07 Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing.) 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				
TITLE	NAME	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
STREET ADDRESS	PD		13428 SUMMERHART ☒ Change ☐	
CITY-STATE-ZIP	1162 CARMEL CIRCLE, SUITE 310		VILLAGE PKT	
	CASSELBERRY, FL 32707		WINTERHURST FL 34786	
TITLE	NAME	☐ Delete	☐ Change ☐ Addition	
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE	NAME	☐ Delete	☐ Change ☐ Addition	
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE	NAME	☐ Delete	☐ Change ☐ Addition	
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE	NAME	☐ Delete	☐ Change ☐ Addition	
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE	NAME	☐ Delete	☐ Change ☐ Addition	
STREET ADDRESS				
CITY-STATE-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 11a changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE:  DATE 4-11-07				