2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 14, 2006 08:00 AN DOCUMENT # P04000100611 1. Entity Name **Secretary of State** NAM ON GLOBAL, INC. Mailing Address Principal Place of Business 2419 CLEVELAND STREET HOLLYWOOD FL 33020 2419 CLEVELAND STREET HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 02-0726497 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHONG, HENRY H Street Address (P.O. Box Number is Not Acceptable) 2419 CLEVELAND ST HOLLYWOOD FL 33020 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when refinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, OFFICERS AND DIRECTORS 10. 11. Change Addition Delete TITLE PTD TITLE MAME NAME CHONG, HENRY H STREET ADDRESS STREET ADDRESS 2419 CLEVELAND STREET U00000509416 HOLLYWOOD FL 33020 CITY-ST-ZIP <u>04/28/06-80045-001_150.00</u> CITY-ST-ZIP Change □ Add is TITLE VSD ☐ Delete TITLE CHONG, SUZ T MAME NAME STREET ADDRESS STREET ADDRESS 2419 CLEVELAND STREET CRY-ST-7IP HOLLYWOOD FL 33020 CITY-ST-ZIP Addition ☐ Delete Change TITLE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addis ☐ Defete TITLE TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Adiciii ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Albin ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions confained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytima Phone #