2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 08, 2007 8:00 am DOCUMENT # P04000100611 **Secretary of State** 1. Entity Namo 02-08-2007 90039 031 ***150.00 NAM ON GLOBAL, INC. Principal Place of Business Mailing Address 2419 CLEVELAND STREET HOLLYWOOD FL 33020 2419 CLEVELAND STREET HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 02-0726497 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Cortificate of Status Desired_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHONG, HENRY H 2419 CLEVELAND ST Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD 1000 ☐ Delete ш Addition CHONG, HENRY H NAM NAMI 2419 CLEVELAND STREET STREET ADDRESS STREET ADORESS HOLLYWOOD FL 33020 CHY SI-ZIP CITY ST ZIP VSD 1000 ☐ Delete 11111 Change Addition CHONG (SUZ)T NAMI SUZ 2419 CLEVELAND STREET STREET ADDRESS STREET LADDRESS HOLLYWOOD FL 33020 CHY-ST-ZIP CITY ST ZIP 810 ☐ Delete ☐ Change ☐ Addition NAME STIGLIADDRESS STREET ADDRESS COY ST ZIP CHY ST-ZIP lint ☐ Delete 31111 ☐ Chance Addition STREET ADDRESS STREET ADDRESS CHY SLZIP CHY SLZIP mu ☐ Delete ☐ Addition NAMI NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST 7IP ☐ Delete 11111 ☐ Change ■ Addition NAMI NAM STREET ADDRESS STREET ADORESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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 attachmost with an address, with all other like empowered.

FILED