


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90016 004 \*\*\*150.00

<b>DOCUMENT # P04000117323</b> 1. Entity Name <b>WANG MILLION CORP</b>			
Principal Place of Business <b>184 BAYSIDE DR PALM COAST, FL 32137 US</b>		Mailing Address <b>184 BAYSIDE DR PALM COAST, FL 32137 US</b>	
2. Principal Place of Business <b>4898 S KIRKMAN RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>4898 S. KIRKMAN RD</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO, FL</b> Zip <b>32811</b> Country <b>US</b>		City & State <b>ORLANDO, FL</b> Zip <b>32811</b> Country <b>US</b>	
4. FEI Number <b>20-1565011</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHEN, CHENG MEI 184 BAYSIDE DR PALM COAST, FL 32137</b>		7. Name and Address of New Registered Agent Name <b>CHEN, CHENG MEI</b> Street Address (P.O. Box Number is Not Acceptable) <b>14332 ABINGTON HEIGHTS DR.</b> City <b>ORLANDO</b> State <b>FL</b> Zip Code <b>32828</b>	
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 <u>X</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSD CHEN, CHENG MEI <del>184 BAYSIDE DRIVE</del> PALM COAST, FL 32137</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>14332 ABINGTON HEIGHTS DR. ORLANDO, FL 32828</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPT LEE, MIN A 1050 BELLA VISTA BLVD #130 SAINT AUGUSTINE, FL 32084</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 law empowered.			
SIGNATURE: <u>X</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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