
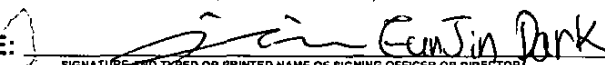


FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90080 026 ***158.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

40003375

DOCUMENT # P05000004572			
1. Entity Name EUNJIN CORPORATION			
Principal Place of Business 1904 West Willow Branch Ln St. Augustine FL 32092		Mailing Address 1904 W. Willow Branch Ln St. Augustine FL 32092	
2. Principal Place of Business 1904 W. Willow Branch Ln Suite, Apt. #, etc.		3. Mailing Address 1904 W. Willow Branch Ln Suite, Apt. #, etc.	
City & State St. Augustine -		City & State St. Augustine	
Zip 32092		Country	
4. FEI Number 10192006		Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARK, EUN JIN 1904 W. Willow Branch Ln. St. Augustine FL 32092		7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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 like empowered.			
SIGNATURE: 		Jan 10, 2006 904) 346-1961	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	