2006 FOR PROFIT CORPCRATION

Aug 14, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P05000046758** 08-14-2006 90039 037 ***150.00 GREAT SOUTH DEVELOPMENT, INC. Principal Place of Business Mailing Address 720 NW 27TH AVE 720 NW 27TH AVE MIAMI, FL 33125 MIAMI, FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302006 CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 65-1251822 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EL ANTHONY LEI, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 270 NW 27TH AVE MIAMI, FL 33125 720 NW 27 AVE 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. 6/30/06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition MA, YUAN Y NAME NAME STREET ADDRESS 2300 CORAL REEF CT STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33312 City-St-ZIP TITLE ☐ Delete TITLE ☐ Change M Addition NAME LEI, ANTHONY 720 NW 27TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

CITY-ST-ZIP

FILED