## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## 04-05-2006 90150 005 \*\*\*150.00 DOCUMENT # P05000047620 HTUN NYUNT, INC Principal Place of Business Mailing Address 8164 PAGODA DR 8164 PAGODA DR SPRING HILL, FL. 34606 115 SPRING HILL, FL 34606 2. Principal Place of Pusiness 3. Mailing Address Suite, Apt. #, atc. Suite, Apt. #, etc. 03132006 CR2E034 (11/05) City & State City & State 4. FEI Number 260 813 9 Applied For Not Applicable Zıp Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Flome and Address of Current Registered Agent 7. Name and Address of New Registered Agent YI, HTUN Street Address (P.O. Box Number is Not Acceptable) 8164 PAGODA DR SPRING HILL, FL 34606 City Zip Code er The above named antity 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. 04/03/06 SIGNATURE Signature .yourd or printed name of ingusticed agent of (NOTE: Registered Agent signeoure required when reinstating) 9. Election Campaign Financing FILE NOVIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Ociete DILE TITLE Change Addition YI HTUN MEER NAME 8164 PAGODA DR STREET ADDRESS STHEET ADDINGS SPRING HILL, FL 34606 CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE 1111 F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C0 Y - S1 - Zit CITY-ST-77P Oelete TILLE T/TLE Спапра Addition STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHTY-ST-ZIP THE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY \$1-ZIP Detete MILE liiti ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Defete IIILE ☐ Change ☐ Addition TITLE NEME NAME STREET ADDRESS STREET ADDRESS CITY-51-7P CITY-ST-ZIP 12. I hereby certify it the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this leport or supplier and accurate and that my signature shall have the same legal effect as if made under onth; that it am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on the attachment with an andress, with all other like empowered. 04/03/06 352-5978500 8232 SIGNATURE AND TYPED DRAWLED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: ×

FILED Apr 24, 2006 8:00 am

Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000047620				
HTUN NYUNT, INC				ATTACHMENT
Principal Place of Business		Mailing Address		1,011/.41
8164 PAGODA DR SPRING HILL FL 34606 US		8164 PAGODA DR SPRING HILL FL 34606 US		66 11041
2. Principal Place of Business		3. Mailing Address		
Suite, Apt, #, etc.		Suite, Apt. #, etc.		- 1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
6. Nam	e and Address of Current	Registered Agent	Name	Name and Address of New Registered Agent
YI, HTUN 8164 PAGO	DA DR		Street Address	(P.O. Box Number is Not Acceptable)
SPRING HIL				
			City	FL Zip Cade
8. The above named entity submits this stayment 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 pointed name of registered agent and like if applicated (NOTE: Registered Agent agriculture installing)  OF 10 10 6  DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  Make Check Payable to Florida Department of State				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME YI, HTUN STREET ADDRESS 8164 PAC CITY-ST-ZEP SPRING F		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detate	TITLE NAME STREET ADDRESS CITY - ST- ZIP	Change Addition
IFILE NAME STREET ADDRESS CITY-SI-ZIP		☐ Deidic	IIILC NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP		□ Delete	TITLE — NAME STRECT ADDRESC CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defelc	THLE  MAMF  STREET ADDRESS  CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TILLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 furustee 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 tike empowered.  SIGNATURE:				
}	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date Daytimo Phone #