

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90035 012 \*\*\*150.00

DOCUMENT # P05000053898

1. Entity Name  
 YESUNG CORPORATION



Principal Place of Business: 1018 W STATE RD 434, STE 100, LONGWOOD, FL 32750

Mailing Address: 2233 S KIRKMAN RD #98, ORLANDO, FL 32811

2. Principal Place of Business: 1009 S. Dillard St

3. Mailing Address: 1009 S. Dillard St

Suite, Apt. #, etc.

City & State: Winter Garden, FL

City & State: Winter Garden, FL

Zip: 34787 Country: U.S.A

Zip: 34787 Country:



03092006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

LIM, SUN T  
 2233 S KIRKMAN RD  
 #98  
 ORLANDO, FL 32811

4. FEI Number: 20-2679905

Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> Delete
NAME: KIM, CHONG S	
STREET ADDRESS: 2233 S KIRKMAN RD, #98	
CITY-ST-ZIP: ORLANDO, FL 32811	
TITLE: VP	<input type="checkbox"/> Delete
NAME: LIM, SUN T	
STREET ADDRESS: 2233 S KIRKMAN RD, #98	
CITY-ST-ZIP: ORLANDO, FL 32811	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Kim, Chong S.	
STREET ADDRESS: 1026 Ridge mount PL	
CITY-ST-ZIP: Lake Mary, FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: \_\_\_\_\_ Date: 3/9/06 Daytime Phone #: (407) 654-1407