


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90107 020 ***158.75

DOCUMENT # P05000073483 1. Entity Name KIMYUN CORPORATION					
Principal Place of Business 8450 SW 15TH LANE GAINESVILLE, FL 32607			Mailing Address 8450 SW 15TH LANE GAINESVILLE, FL 32607		
2. Principal Place of Business 2835 SW 91ST STREET Suite, Apt. #, etc. # 310		3. Mailing Address 5308 WOODNOTE LANE Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State COLUMBIA MD		4. FEI Number 20-2809099	
Zip 32607		Country ALACHUA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 21044		Country HOWARD		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KIM, DUK SOON 1491 SW 85TH TERRACE GAINESVILLE, FL 32607			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	PSD YUN, CHIHONG 8450 SW 15TH LANE GAINESVILLE, FL 32607 <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	VTD KIM, DUK SOON 1491 SW 85TH TERRACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Yun Chihong</u> CHIHONG YUN					
Date <u>4/20/06</u> Daytime Phone # <u>352-331-0664</u>					