

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90042 018 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000079608 1. Entity Name YNH CORPORATION			
Principal Place of Business 777 E. MERRITT ISLAND CSWY. STE 105 MERRITT ISLAND, FL 32952 US		Mailing Address 777 E. MERRITT ISLAND CSWY. STE 105 MERRITT ISLAND, FL 32952 US	
2. Principal Place of Business <u>830 N Wickham Rd</u> Suite, Apt. #, etc.		3. Mailing Address <u>830 N Wickham Rd</u> Suite, Apt. #, etc.	
City & State <u>Melbourne FL</u> Zip <u>32935</u> Country		City & State <u>Melbourne FL</u> Zip <u>32935</u> Country	
4. FEI Number <u>20-2937236</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, NGA T 777 E. MERRITT ISLAND CSWY. STE 105 MERRITT ISLAND, FL 32952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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	P NGUYEN, NGA T 777 E. MERRITT ISLAND CSWY. STE 105 MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAN, CHAU M 438 SEYMOUR ST STE 1006 VANCOUVER, BC V6B 6H4	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>X Melba Tran</u> <u>CHAU M. TRAN</u> VP		Date <u>1/24/06</u> (321) 255-7525	