2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime

SIGNATURE:

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P05000085142 04-18-2008 90021 033 ***150.00 YUNG'S TAKE-OUT, INC. Principal Place of Business Mailing Address 3073 ANDERSON SNOW RD 3073 ANDERSON SNOW RD 40071143 SPRING HILL, FL 34609 SPRING HILL, FL 34609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3003680 Not Applicable Zip 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 Name SU, YUNG HUI Street Address (P.O. Box Number is Not Acceptable) 3073 ANDERSON SNOW RD SPRING HILL, FL 34609 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 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PDST** TITLE Addition ☐ Delete ☐ Change NAME SU, YUNG HUI NAME STREET ADDRESS 3073 ANDERSON SNOW RD STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ 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 ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 office 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 Block 11 if