


**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90211 014 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000094340</b>			
1. Entity Name <b>CHINA MAX OF KONG, INC.</b>			
Principal Place of Business <b>33145 INORGATE DRIVE LEESBURG, FL 34788</b>		Mailing Address <b>33145 INORGATE DRIVE LEESBURG, FL 34788</b>	
2. Principal Place of Business - No P.O. Box # <b>5100 N. 9TH AVE.</b>		3. Mailing Address <b>5100 N. 9TH AVENUE</b>	
Suite, Apt. #, etc. <b>J927</b>		Suite, Apt. #, etc. <b>J927</b>	
City & State <b>PENSACOLA FL</b>		City & State <b>PENSACOLA FL</b>	
Zip <b>32504</b>		Zip <b>32504</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-3096826</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04242007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>CHOU, SHIH-KONG 33145 INORGATE DRIVE LEESBURG, FL 34788</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5100 N. 9TH AVE. # J927</b> City <b>PENSACOLA FL</b> Zip Code <b>32504</b>	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 CHOU, SHIH-KONG 33145 INORGATE DRIVE LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7323 TANNEHILL DR PENSACOLA FL 32526</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <b>S.K. CHOU</b>		04/24/07 850-7480024	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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