## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

SIGNATURE AND THEIR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 07, 2006 8:00 am Secretary of State 03-07-2006 90013 013 \*\*\*150.00

DOCUMENT # P05000115668  1. Entity Name EASY FINANCE WORLD CORPORATION									03-07-2006	90013 01	.3 ****130.	.00
Principal Plac	ailing Address	Idress					,					
5555 SW 61 AVE DAVIE, FL 33314				5555 SW 61 AVE DAVIE, FL 33314				50001114				
2. Principal P	Place of Busin	ness	3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03032006	Chg-P	CR2E	34 (11/05)	
City & State				City & State				4. FEI Numbe	9383	74	<del>+</del>	pplied For
Zip	Zip Country			Zip Cour		itry		5. Certificate of Status Desired				
	6. Name	and Address of Cu	rrent Regis	tered Agent		I		7. Name and	Address of New	Registered	Agent	
WU, JONATHAN						Name						
5555 SW 61 AVE DAVIE, FL 33314						Street Addr	ess (	s (P.O. Box Number is Not Acceptable)				
						City				FL	Zip Code	<del></del>
		ty submits this statem stered agent.	ent for the p	ourpose of changing its	register	ed office or re	gister	ed agent, or bot	h, in the State of F	Porida. I am	familiar with,	and accept
SIGNATURE.	Signature, type	d or printed name of registered	d agent and title	if applicable. (NOT	E: Registere	ed Agent signature re	equired	when reinstating)		DATE		
		FEE IS \$150.0 6 Fee will be \$5		9. Election Campa Trust Fund Cont				.00 May Be ed to Fees				
10.		OFFICERS	AND DIREC	CTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS ANI	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WU, JON 5555 SW DAVIE, F	61 AVE		☐ Delete	4	I .					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		- I					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						<u>. ,</u>	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	· ·	☐ Delete		I .	<del></del>			-	Change	☐ Addition
12. I hereby indicated of the co	certify that to d on this report poration or	he information supplie ort or supplemental re the receiver or trustee	ed with this port is true e empowere	filing does not qualify fi and accurate and that ad to execute this repor	or the ex my signa t as requ	emptions con ature shall have fired by Chapte	tained e the er 60	d in Chapter 119 same legal effect 7, Florida Statute	, Florida Statutes t as if made unde s; and that my na	. I further ce r oath; that I me appears	rtify that the i am an officer in Block 10 o	nformation or director Block 11 if

JONATHAN WU, PRES 3/4/06
ER OR DIRECTOR
Date