2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000126630 01-24-2008 90044 029 ***158.75 1. Entity Name YEU BANG, INC. Principal Place of Business Mailing Address 66002852 385 COMMERCE WAY 385 COMMERCE WAY LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) Applied For Not Applicable City & State City & State 4. FEI Number **26-**Zip Country Zip 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 DULIN: RAMSEY-W-Street Address (P.O. Box Number is Not Acceptable) 201 E PINE ST **STE 425** ORLANDO, FL 32801-2717 City 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. (MOTE: Registered Ayers signature required when roinstanny) DAIE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Oelete TITLE TITE F ☐ Change ☐ Addition SCHIANO, BIAGIO NAME NAME STREET ADDRESS 385 COMMERCE WAY STREET ADDRESS LONGWOOD, FL 32750 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITE F ☐ Change Addition TIT) F NAME MARE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition nn s Defete. NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete ☐ Addition THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-SI-ZIP

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.

Biagio Schiano 1/8/2008

FILED

Mar 07, 2008 8:00 am