


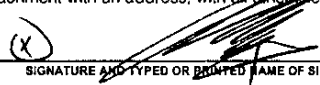


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000127685 1. Entity Name ATLANTIC ASIAN FOOD MANAGEMENT, INCORPORATED				<div style="text-align: right;"> FILED 06 OCT 20 PM 4:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 14778 E ORANGE LAKE BLVD. KISSIMMEE, FL 34747		Mailing Address 14778 E ORANGE LAKE BLVD. KISSIMMEE, FL 34747		<div style="text-align: center;">  </div>	
2. Principal Place of Business 8216 WORLD CENTER DRIVE Suite, Apt. #, etc.		3. Mailing Address 8216 WORLD CENTER DRIVE Suite, Apt. #, etc.		<div style="text-align: center;">  </div>	
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 20-3470440	
Zip 32821		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHEN, YONG 14778 E ORANGE LAKE BLVD. KISSIMMEE, FL 34747				7. Name and Address of New Registered Agent Name YANG CHEN Street Address (P.O. Box Number is Not Acceptable) 8216 WORLD CENTER DRIVE #A City ORLANDO FL Zip Code 32821	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Amended AR is \$61.25		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	PD CHEN, YONG 14778 E ORANGE LAKE BLVD. KISSIMMEE, FL 34747 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEN, YANG 8216 WORLD CENTER DRIVE ORLANDO, FL 32821 <input checked="" 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	800081084018 10/20/06--01067--009 **61.25 <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	
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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 fees empowered.					
SIGNATURE: 			YANG CHEN, 9-29-06 407-238-9998 <small>Date Daytime Phone #</small>		