## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 8:00 am Secretary of State **DOCUMENT # P05000130404** 05-03-2006 90205 010 \*\*\*150.00 Entity Name SUSHI KING ONE INC. Principal Place of Business Mailing Address 1241 N STATE ROAD 7 STE 1 1241 N STATE ROAD 7 STE 1 ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04162006 City & State City & State 4. FEI Number Applied For Not Applicable Zio Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZHENG, JIAN H 1241 N STATE ROAD 7 STE 1 Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH, FL 33411 City Zip Code 8. The above named entity sommits 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 ed 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, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ĐΡ TITLE Defete TITLE ☐ Change ☐ Addition NAME ZHENG, JIAN H NAME STREET ADDRESS 1241 N STATE ROAD 7 STE 1 STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change Addition CHENG, XING NAME NAME 1241 N STATE ROAD 7 STE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP Change TITLE TITLE Defete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TIFLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 eport 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 tryistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with

SIGNATURE: