2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

DOCUMENT # P05000148004 1. Entity Name YW DEVELOPMENT, INC.							5 90063 038 ***1	50.00
Principal Place of Business 5155 TERRA VISTA WAY		Mailing Address 717 EAST OAK STREET		4(400 52000			
ORLANDO, FI	L 32837 US	KISSIMMEE, FL 34744	t US		1 8 10 11 10 10 19			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032006	Chg-P	CR2E034 (11/0	5)	
City & State		City & State		4. FEI Numbe 20-37	78908		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	i □ \$8.75 Fee Req	Additional rired
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered Agent	
SWART, HARRY J CPA 717 EAST OAK STREET				Name Street Add	ddress (P.O. Box Number is Not Acceptable)			
	E, FL 34744							
1			l	City		·	FL Zip C	Code
	named entity submits this statement lions of registered agent.	for the purpose of changing its	registere	ed office or re	gistered agent, or bot	h, in the State of	Florida. I am familiar w	ith, and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	d Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Cont		ocing	\$5.00 May Be Added to Fees		•	
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AND DIRECT	ORS IN 11
TITLE	PSD	☐ Delete	TITLE				☐ Chan	ge
NAME	LEE, SEUNG-JE	NAN		E			_	
STREET ADDRESS CITY-ST-ZIP	5155 TERRA VISTA WAY ORLANDO, FL 32837	5 TERRA VISTA WAY		et address -St-Zip				
TITLE	•	☐ Delete	TITLE				☐ Chan	ge Addition
NAME STREET ADDRESS			NAME	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Chan	ge = Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
TITLE		Delete	TITLE				☐ Chan	ge [] Addition
NAME			NAME	Ε				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Chan	ge Addition
NAME			NAME				_	•
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP		Пъ.с	_	-ST-ZIP				
TITLE NAME		☐ Delete	TITLE				☐ Chan	ge
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY-	-ST-ZIP				
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	or the exe	emptions con	tained in Chapter 119	, Florida Statutes	s. I further certify that the	e information

Indicated on this report or supplied with ritis liting does not quality for the eventions contained in Chapter 119, Horida 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.

SIGNATU	IDE:
SIGNAL	'NL.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #