

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000000090

1. Entity Name  
MICHAEL CHENG, INC



3/1

**FILED  
Mar 19, 2007 8:00 am  
Secretary of State**

03-06-2007 90001 019 \*\*\*150.00

**66005548**



01252007 Chg-P CR2E034 (12/06)

Principal Place of Business 11778 SE FEDERAL HWY HOBE SOUND, FL 33455 US		Mailing Address 11778 SE FEDERAL HWY HOBE SOUND, FL 33455 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CHENG, CHUNG C 11778 SE FEDERAL HWY HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
<p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable</p> <p>(NOTE: Registered Agent signature required when changing)</p> <p>DATE _____</p>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>TITLE <b>P</b> <input type="checkbox"/> Delete NAME CHENG, CHUNG C STREET ADDRESS 11778 SE FEDERAL HWY CITY-ST-ZIP HOBE SOUND, FL 33455</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p><input type="checkbox"/> Delete</p>		<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>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 officer like empowered.</p> <p>SIGNATURE: <i>Cheng, Chung C</i></p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p>3/1/07</p> <p>Date</p> <p>Daytime Phone #</p>			